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Journal of the American Speech and Hearing Association

DEPARTMENT OF SPEECH
THE UNIVERSITY OF MICHIGAN
ANN ARBOR, MICHIGAN

SUMMER SESSION

JUNE 20 - AUGUST 13, 1960

•SUMMER COURSES

SPEECH CORRECTION FOR CLASSROOM TEACHERS
METHODS OF SPEECH DIAGNOSIS
METHODS IN SPEECH THERAPY
SPEECH AND LANGUAGE THERAPY FOR ADULT DYSPHASICS
SPEECH DISORDERS AND OROFACIAL DEFORMITIES
CEREBRAL PALSY
INTERNSHIP IN SPEECH CORRECTION (Shady Trails, University Speech
Improvement Camp, Northport, Michigan)
ANATOMY AND FUNCTION OF THE VOCAL APPARATUS (University Medical School)
HEARING REHABILITATION

• SUMMER CLINIC PROGRAMS

CHILDREN'S CLINIC
CLEFT PALATE CLINIC
ADULT DYSPHASICS CLINIC
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A Journal of The American Speech and Hearing Association

Volume 2

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Number 3

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APPLICATIONS FOR MEMBERSHIP SHOULD BE ADDRESSED TO THE EXECUTIVE SECRETARY

*The American Speech and Hearing
Association presents*

THE HONORS OF THE ASSOCIATION

to

MARTIN F. PALMER

RESOLVED: That the Honors of the American Speech and Hearing Association be awarded to Dr. Martin F. Palmer in recognition of his distinguished leadership in the profession to which he has long been dedicated. Through the formative and maturing years of the Association, he has been a continuing source of strength as a scholar whose research and writing have in abundant measure brought increased understanding of disorders of speech; as a President of the Association who administered its purposes with wisdom; as a teacher in whom uncounted numbers of students have found wisdom and inspiration; as an individual devoted to the formulation of sound professional standards; and as a practitioner who has proved himself as a skilled and compassionate clinician. His insistence upon better understanding and acceptance of high professional and ethical standards has been a noteworthy contribution to the entire profession as a whole as well as to the Association.

—The American Speech and Hearing Association, in Convention at Cleveland, Ohio, November 13, 1959.

Biographical Summary

Palmer, Martin F., speech pathologist; B. Adrian, Michigan, October 25, 1905.

Attended Highland Park Junior College, 1923-1924; B.A., Olivet College, 1927; M.A., Univ. of Michigan,



1931; Sc.D., Univ. of Michigan, 1937. (Magna Cum Laude)

Teacher of Speech, Port Huron, Michigan Public Schools, 1927-1930. Chairman, Department of Speech, Kansas Wesleyan University, Salina, 1931-1932. Professor of Speech Pathology, Marymount College, Salina, 1933-1934. Currently, Professor of Logopedics and head of Department of Logopedics, University of Wichita; Director, Institute of Logopedics, Wichita, since 1934.

American Speech and Hearing Association. (Fellow; President, 1948; Councillor, 1938-1949; Chairman, Committee on Education, 1939-1948; Member, Committee On Association Planning, 1953-1955); American Association of University Professors; International Society for Exceptional Children; National Rehabilitation Association; Kansas Academy of Science; American Association for the Advancement of Science; American Hearing Society; Southern Speech Association; Kansas Speech and Hearing Association (President 1953-1955); Research Advisory Committee of the United Cerebral Palsy Research and Educational Foundation; Registry Council of Medical Rehabilitation Therapists and Specialists; Acoustical Society of America; Central States Speech Association; American Academy for Cerebral Palsy (Honorary Member); Kiwanis International; Pi Kappa Delta.

Abstracting Editor of articles dealing with speech, hearing and allied topics for *Biological Abstracts*, and other professional journals. Author of numerous scientific publications on cerebral palsy and related conditions.

PROSPECTUS OF PROFESSIONAL STATURE: RESEARCH*

GORDON E. PETERSON
University of Michigan

RESearch on speech and hearing and the associated disorders is, always has been, and I trust always will be of central importance to the American Speech and Hearing Association. The academic objectives of the association have been repeatedly considered and questioned throughout its growth. Many recognize that the foundation of the association should be something beyond clinical service. If the association does not have a basis in scholarship and research, then those who seek a serious understanding of speech and hearing processes and of speech and hearing disorders will look elsewhere, beyond the association, for knowledge of these processes.

RESEARCH PROCESSES

It is unfortunately true that adequate use sometimes has not been made of information from more basic and related disciplines, and that research investigations have sometimes been poorly formulated and conducted. But the members of the American Speech and Hearing Association are exceedingly aware that a broad understanding of the disorders of speech and hearing is not central to any other discipline or professional group. It should not be the objectives of this association to gain or to maintain priority to this knowledge, but rather to advance it steadily and effectively in the years to come.

The processes of human communication and of speech and hearing disorders are not simple matters. The exchange of information by means of language is one of the most complicated processes in which the human engages. The understanding and rehabilitation of the associated disorders offer a severe challenge. There are perhaps some mechanical defects of speech production which can be described in a reasonably complete manner. In general, however, none of the disorders of speech are clearly understood. Unfortunately, this fact is only emphasized by our lack of a thorough understanding of the processes of normal speech production. Speech and hearing disorders are not more simple than many of the problems with which the clinical psychologist or the physician must deal. Those who look upon the treat-

ment of speech and hearing problems as a routine process with well defined procedures are laboring under an illusion which should be clearly revealed by a critical evaluation of progress with individual cases.

The problems which the speech and hearing defective presents to the clinician and the pathologist are not as remote from those with which the scientist in the laboratory is faced as might appear. It is true, that the nature of the problems and the techniques and procedures differ, but in a more general sense the approaches required are the same. Both laboratory research and the treatment of speech and hearing defectives require imagination, determination, and patience. They also require the courage not to retreat into routines and to face the nature and the facts of the problem in a direct and thoughtful manner. A knowledge of the field and of related fields is essential to both. It is the advancement of this knowledge with which research is concerned, and so we must ask what are the processes of such research.

It is not the objective of the speech and hearing scientist or of the speech and hearing pathologist to conduct research simply as an academic exercise; it is his objective to understand the problems and the areas with which he is confronted. For the serious students the increased insights which are achieved generally lead to greater perspective, new intellectual objectives, and the definition of new and more important problems. Thus research is not an end in itself, but is a way to understanding. Publication provides a means of submitting ideas, whether based upon research or casual observation, to the scientific community for consideration and evaluation. While not all knowledge can be verified through experimental and operational tests, it is essential to science that many of its facts and principles may be verified by persons other than the original investigator.

Some facts and principles are already known and do not require further investigation. Some questions are trivial, and their answers do not require research. Thus it is imperative that the research investigator have a clear understanding of the present status of knowledge in his field. How can one ask significant questions if he does not know what questions have already been answered? One of the faults of research for publication rather than research for understanding is the tendency to reiterate the same questions and to conduct investigations already made irrelevant by more serious scientists.

Those questions which are significant in terms of existing knowledge certainly need not have potential

GORDON E. PETERSON, Ph.D., is Professor of Electrical Engineering and Speech, Director of the Speech Research Laboratory, and Chairman of the Interdisciplinary Program in Communication Sciences at the University of Michigan, Ann Arbor, Michigan.

*Presented at a general meeting on "What is our Association?" at the 1959 Convention of the American Speech and Hearing Association.

application. It is true, however, that a consideration of possible application often lends purpose and specificity to research that might otherwise be vague and obscure. We are all aware that some information is more useful than other information, but the academic world has long since learned that scholarship can neither be judged nor inhibited according to imagined utility.

It should be emphasized that there is no one method of research. Studies in the behavioral sciences have been greatly handicapped by retreat into one or another presumed scientific technique. Statistical methods in the analysis of data, exact psychophysical procedures, and the use of spectrographic instrumentation in the analysis of speech are all techniques which can be effective in a research environment. But emphasis upon the use of these techniques at the sacrifice of a careful formulation of the research problems investigated and to the exclusion of other methodologies can and often has seriously reduced the effectiveness of research investigations in this field. When research becomes a routine, and the problems and procedures are defined without intellectual labor, then in general the process itself becomes uninteresting and the results of little enduring value. The imagination and determination to introduce new techniques and new approaches which better suit the problems under investigation are commendable attributes for any research scientist. I believe it was in this spirit that Fletcher⁹ and his associates at the Bell Telephone Laboratory many years ago introduced and advanced the technique of intelligibility testing. I believe it is in this same spirit that Cooper² and his associates at the Haskins Laboratories have more recently introduced and developed the technique of speech synthesis as a means of studying speech perception.

CURRENT RESEARCH IN SPEECH AND HEARING

Let us now consider briefly the present frontiers of research in the field of speech and hearing. This is not a simple objective, for as all of us know, there are many aspects to the speech and hearing processes. While observations about the abnormal have contributed greatly to our understanding of normal speech and hearing, it is not possible to understand speech and hearing deviations without an understanding of the normal. For this reason first attention will be given to research on basic speech and hearing processes, and the motor mechanism of speech production will be considered the basic information source. With this orientation we may begin with the motor mechanism and consider speech production, speech acoustics, audition and speech perception, and the neurophysiology of speech in turn. At the present time there is much important work on the basic physiology of speech production which is being conducted in Europe.

In the field of *respiration*, essential problems are the relation of muscular actions and thoracic pressures to vocal qualities, linguistic stress, and articulatory processes. Inadequate instrumentation has been a major limitation to research on the functions of respiration in speech. Fortunately we are now moving beyond the era of the spirometer and the face mask to more relevant and more accurate instrumentation.

A major contribution to the understanding of respiratory processes basic to speech production is being made by van den Berg²³ at the University of Groningen. He has developed refined techniques for the measurement of thoracic pressures during speech; more recently his research has been extended to work on an electrical analog of the respiratory system whose action he can specify analytically. Lade-foged¹⁴ and his associates in the Department of Physiology at the University of Edinburgh have also applied techniques for measuring sub-glottal pressures to speech production. In addition, they have used electromyographic techniques to study the actions of the respiratory muscles, and have provided important findings about the selective activity of these muscles during speech.

In the field of *phonation*, the relation of vocal fold movements to the resulting properties of the glottal tone and to various types and disorders of voice quality has long been a challenge both to speech scientists and speech pathologists. The high speed laryngeal photographs by Moore and von Leden²² at Northwestern University have made important contributions, not only to an understanding of the action of the normal larynx, but more recently to an analysis of laryngeal vibration in abnormal vocal qualities. A distinguished contribution to the study of phonation has been made by Faaborg-Andersen⁵ of Denmark, who has developed an electromyographic technique for the study of the action of individual muscles of the larynx. Also, of primary importance is the work of van den Berg on the larynx. Van den Berg has developed techniques for driving excised larynges so that they function in a manner very similar to that in actual life, and has contributed many important measurements essential to a better understanding of the vibration of the human larynx. The work by Flanagan⁸ of the Bell Telephone Laboratories reported recently in the *Journal of Speech and Hearing Research* is also an important contribution to laryngeal theory.

The dynamic aspects of speech *articulation* have never been clearly understood or described. There are many differences of opinion about articulatory positions and movements, but there are very little data relating to the essential problems. The recent advances which are being made in X-ray motion picture photography should provide solutions to some of these problems. Another type of contribution is being made by Fant⁷ and his associates at the Royal

Institute of Technology in Stockholm. They are employing special instrumentation to study the air flow and pressures involved in the formations of fricative consonants, and Fant has also made important contributions to the analytical theory of the formation of plosive and fricative consonant sounds.

Nasal speech and the speech of the cleft palate speaker have always been an important challenge in the field of speech correction. One of the essential reasons nasality has been so elusive is that there is no simple correspondence between positions of the palate and the acoustical parameters of the speech wave. Many of the advances which have been made toward understanding the action of the palate have come from members of the American Speech and Hearing Association.¹¹

No one who has made a serious study of speech production would expect the *acoustical* signal which results from all this complex of muscular activity and breath stream dynamics to be simple. I do not believe that there was any serious understanding of the statics or the dynamics of the acoustical speech wave until Kopp¹⁸ worked with the scientists at the Bell Telephone Laboratories to develop the sound spectrographic interpretation of speech. Even yet there has been little application of this powerful tool to the study and training of those with defective speech. Linguists and communications engineers, however, by working together have made tremendous advances in understanding the acoustical properties of normal speech. Major current objectives in the acoustical study of speech are concerned with automation, including narrow band speech transmission, automatic speech synthesis, and automatic speech recognition.¹⁷

Research in this field is being continued at the Bell Telephone Laboratories by David⁸ and his associates, and there is extensive work on the acoustics of speech being conducted at the Massachusetts Institute of Technology under the leadership of Stevens²¹ and Halle.¹² Very important research is also being conducted abroad, particularly by Swaffield¹⁹ and his associates at the Joint Speech Research Unit near London. Lawrence,¹⁵ of the Signals Research and Development Establishment in Christchurch, is well known in this country for his demonstrations of speech synthesis, and his group is currently engaged in an important program of acoustical speech research. Highly significant research in almost all aspects of the acoustical study of speech is being conducted by Fant in his laboratory in Stockholm.

It is little wonder that the *auditory* interpretation of the complicated acoustical signal which has commanded the attention of so many scientists over so many years is even yet poorly understood. The field of psychophysics has long been preoccupied with pure tones, clicks, and random noise, and it is easy to despair of ever applying rigorous psychophysical

techniques to anything so complicated as either normal or defective speech. Important recent progress has been made in the basic theory of psychophysics,¹⁴ and it may be of some concern to those who measure hearing that the concept of threshold has been seriously challenged; with recent techniques, sensitivity to such signals as the pure tone of the audiometer is defined in terms of a statistical statement of detectability. The recently developed theory of signal detection may provide some advance in techniques of measurement and perhaps in actual understanding of some of the present auditory dilemmas.

We cannot pass the field of hearing without a recognition of the very important contributions which have been made to auditory physiology during the past few years. The research of Békésy²⁴ in describing the mechanical actions of the ear has long been the envy of many competent scientists. Both Davis⁴ and Weaver²⁵ have contributed research leadership and important texts to the field.

Thus far we have briefly considered the peripheral motor and sensory systems, and the interconnecting acoustic link between the speech mechanism and the ear. The *neural* link is quite another matter. While the acoustic waves of speech may seem difficult to understand, the neural physiology of speech and hearing presents an almost indescribable challenge. Not only is the action of the nervous system of essential concern to the student of normal speech, but the person interested in speech disorders becomes deeply involved in its problems in both dysarthria and dysphasia. Research on the servo-mechanism properties of speech production has provided one of the most important perspectives of the neural control of speech.⁶ We should also note the rapid advances which are now being made in developing logic and storage techniques for high speed computers. This knowledge and the associated analytical techniques may eventually be of considerable aid in understanding certain aspects of the function of the human nervous system.

At the level of human *behavior*, the development of the concept of operant behavior by Skinner²⁰ at Harvard University should not be overlooked by the speech and hearing profession. According to the operant concept, certain classes of behavior are controlled by the consequences of these behaviors. Skinner includes verbal behavior in the class of operant behavior, and Goldiamond and his associates in papers presented at recent meetings of this association have shown important applications of the concept to one area of the field of speech disorders.

The even more abstract *theory of language* also has important implications for the field of speech and hearing disorders. Speech involves a linguistic code, and this code has a structure and a system.¹⁰ In the case of the child this system may be in a process of development and thus to a certain extent disorgan-

ized. In many cases of articulatory disturbance, however, there is reason to believe that the system may be internally consistent. The essential point is that the linguistic system of the articulatory defective should be understood in its own terms before attempts are made to force the person with an articulatory defect into the normal mold. In recent years there has been an increased attempt to describe the language behavior of the dysphasic in terms of linguistic concepts and structures. Currently a very important advance has been made by Chomsky,¹ at the Massachusetts Institute of Technology. In essence, Chomsky has introduced the rigor of mathematical logic into theories of grammar, and he has applied equivalence class transformations to the study of syntax.

As a final functional area of basic relevance to speech, we should consider *semantics*. The problem of meaning may not be of immediate concern in the treatment of many types of speech disorders, but certainly it is in some. In this country there has been a sustained contribution to the field of semantics, and some of the more important work has been done by members of this association. In this overview, and although a number of years have elapsed since the initial contributions, it would seem that the work of Johnson¹³ in his redefinition of the nature and the problems of stuttering is particularly relevant. Stuttering appears to be a subject of eternal controversy, but in the opinion of the author this work will stand in the years to come as one of the major contributions to the development of the field of speech and hearing disorders, perhaps most of all because it represents an attempt to understand, in a thoughtful and scientific manner, the problem of stuttering in relation to normal speech.

For the field of speech and hearing disorders must involve something more than a process of superficial service to some, while many others cannot be helped because they present problems which are not understood. With the tremendous advance in recent years of scientific techniques and knowledge, the methods are at hand to better understand many of these problems. If this association and its individual members are to meet the responsibilities which are rightfully theirs, then they will continue to search for knowledge about speech and hearing and its disorders with whatever means are available. This I know is our responsibility, and this I trust is the way of the association.

SUMMARY

The importance of research in the development of knowledge about speech and hearing is discussed. It is emphasized that research is a way to understanding, rather than an academic exercise, and that many aspects of speech and hearing disorders are still poorly understood. It is also noted that the processes of superior service for those with speech and hearing

defects are not unlike the processes required in research. A brief survey of the current status of research in the field of speech and hearing is presented. Areas mentioned or discussed include: respiration, phonation, articulation, nasalization, speech acoustics, audition, speech neurophysiology, speech behavior, linguistic theory, and semantics.

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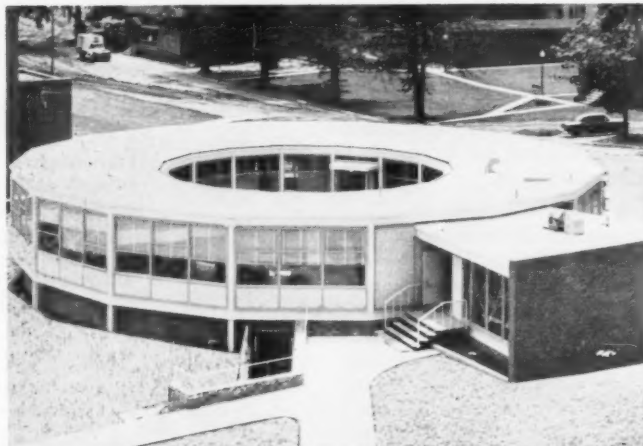
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Special Reports

GALLAUDET'S NEW HEARING AND SPEECH CENTER*

THE design of the Hearing and Speech Center was selected after numerous technical and aesthetic considerations. As part of a rebuilding program, it was necessary that this structure be integrated in the overall architectural scheme of the Gallaudet College campus. The buildings adjacent to the site designated for the Hearing and Speech Center were a dormitory for women and a huge science and classroom building. Opposite this site on the quadrangle was the physical education plant. Since the Center was to be a relatively small building, the architects sought a unique design embodying steel and glass to complement the surrounding structures and compensate for difference in size. As the above photograph illustrates, the circular shape was accepted as meeting both architectural and functional demands. This photograph has been taken from inside the quadrangle and depicts the entrance used by undergraduate and graduate students. The entrance opposite this opens from the driveway seen in the background and is utilized by outpatients undergoing examinations and therapy.

Figure I represents the street level floor plan. The circular form eliminates parallel walls in all the classrooms used for hearing and speech therapy. Rooms 2, 3, 4, 6, and 7 are used for this purpose. These therapy rooms are equipped for a maximum of six students and include group auditory training units, tape recorders and other visual aid equipment and materials. Room 1 is used as a graduate lecture room; Room 8 as a filming and editing room; Room 9 as a statistical laboratory; and Room 5 as a phonograph record library and workshop for disc cutting and preparation of auditory training materials. A continuous corridor



Hearing and Speech Center
Gallaudet College, Washington, D. C.

along the inside perimeter reduces the loss of space, and the large amount of glass allows sunlight from the open court (24) to enter each of the rooms. Therefore, the artificial and natural lighting in each of the rooms is quite adequate and, in addition, provides a feeling of spaciousness in rooms which are approximately 12 x 15 feet in size.

Number 10 in Figure I denotes the entrance leading from the driveway to the Center. The waiting room (12) is located near this entrance, adjacent to which is located the interviewing area (11). Numbers 13 and 14 represent the testing rooms used for children; 13, the control and observation portion; 14, the test room. These have sound-treated walls, floor and ceiling. The first floor layout is completed with a staff lounge (15) and rest room facilities (17, 18), an office supply and work room (16), director's office (19), receptionist

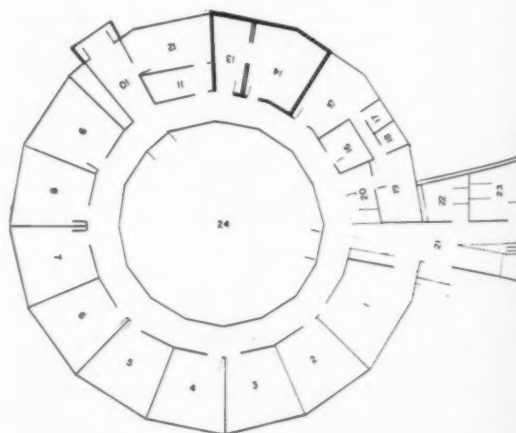


Fig. I

*This report was prepared by D. ROBERT FRISINA, Ph.D., Director of the Hearing and Speech Center at Gallaudet College, Washington, D. C.

secretary area (20) and toilet facilities (22, 23) located outside the test and therapy room structure of the Center in order to minimize unwanted ambient noises.

An independent thermostat maintains constant temperature and controlled humidity in each room. The entire building is air conditioned and equipped with elaborate ductwork and noise reduction boxes. The same ductwork is used for heating purposes when the air conditioning is not needed. The overall cost of the Center, including air-conditioning system, was approximately \$300,000.

Primary sources of noise within the building stem from the mechanical space which receives hot water from a main heating plant, the compressor room for the air conditioning unit and rest room facilities. Isolation of these air-borne and solid-borne sounds is controlled in several ways. Each of these areas is placed outside the general perimeter of the building, and the floor of each is isolated from the general concrete floor of the building. The walls and ceilings of the air conditioning room are of poured concrete construction.

The four-inch concrete floors of all therapy and test rooms are carpeted. In addition, all ceilings are resiliently suspended and acoustically treated.

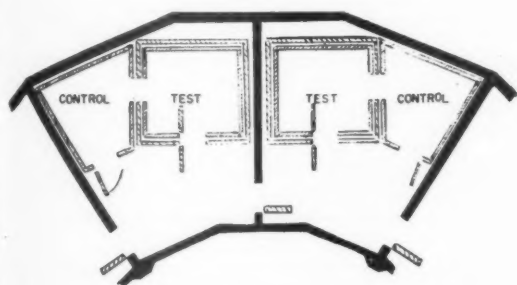


Fig. II

Figure II shows the floor plan of the test rooms. These rooms used for audiological testing are the I.A.C. 1204 series with specially shaped control rooms to fit the contour of the building. These sound-proofed rooms were placed on the ground floor to obviate any weight problem. Advantage was taken of the contour of the terrain; that is, these rooms were placed on the unexposed side of the basement in order to eliminate air-borne sounds. Also, the rooms placed above the sound-proofed areas are sound-treated rooms for testing of children which minimize overhead traffic and results in limited noises emanating from above.

Sound lock doors are placed at each entrance to the areas containing the special test suites. The control and test rooms are ventilated through utilization of the I.A.C. sound reduction boxes which draw fresh air from the general area outside these specially constructed rooms.

The concrete slabs upon which the I.A.C. rooms are placed are isolated from the general floor of the building and depressed to eliminate the necessity of stepping up into the test and control rooms.

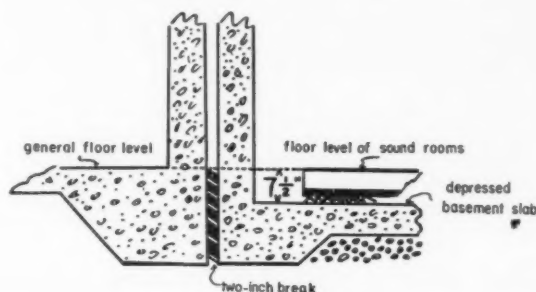


Fig. III

Figure III is a section illustrating (a) the separation of the walls and floor of the test area and adjoining rooms and (b) the depression of the slab upon which the floor of the I.A.C. rooms rest. These two measures have provided noise control and elimination of an unnecessary and sometimes hazardous step leading into test and control rooms.

The average sound level reading (General Radio Model 1115-B—sound level meter on the A scale) taken at the height of the day's traffic outside the floated rooms was 28db. Inside the floated room, there was no reading on the A scale (< 24 db).

Solid core doors with weather stripping were used throughout the building where passage of inside and/or outside noises were of special consideration.

The basement level contains nine rooms in addition to these illustrated in Figure III. One room contains six booths which serve a variety of purposes including supervised clinical practice by graduate students in speech development and correction, lipreading instruction, auditory training, audiometric testing, etc. Offices, electronic design and repair room, visual aids workshop, mechanical space, preschool group therapy room, preschool individual therapy room, storage space and air conditioning-fan room complete the basement layout. The floor space of the entire building is approximately 9,000 square feet.

The shape of the building permits easy flow of traffic since the rooms are located in functional units. This is an important consideration since more than 400 persons per week receive services in the Center.

Editor's Note: From time to time *Asha* will present technical information concerning the construction of new facilities for research and clinical activity.

CLEFT PALATE CONFERENCE

THE *International Symposium on Congenital Anomalies of the Face and Associated Structures*, sponsored by the Dental Study Section of the National Institutes of Health and organized under the direction of Dr. Samuel Pruzansky, University of Illinois, met in Gatlinburg, Tennessee, December 6-9, 1959. This four-day conference was the first of its kind for those concerned with cleft palate rehabilitation. Although experimental teratology was emphasized heavily, all pertinent aspects of congenital malformations of the face from pre-conception on into life were discussed. Little time, however, was devoted to the techniques or results of rehabilitation.

The general aim of the symposium was to bring together leading experts from the fields of dentistry, pediatrics, surgery, embryology, anatomy, growth and development, genetics, and speech and hearing to foster communication between them on this complex area of investigation.

The clinical person faced with parent counselling as to the possibility that further children will be born with similar anomalies depends for his answers on the basic research being done in teratology and genetics, some part of which was reported and discussed in this symposium. Further, planning of the total program for the care of the person with a cleft must rest upon the results of research into basic problems by which principles are developed for improving procedures.

Dr. Pruzansky in outlining the direction of the discussion, indicated in general, that the questions fall into certain classes of variables: (1) What are the factors which affect the adequacy of the structures, and how does one measure adequacy? (2) What kinds of spatial relationships are there in the structures? (3) To what extent do contiguous structures make one cleft palate different from others? (4) What is the effect of distortion in certain muscle actions? (5) What are differences in the action of muscle groups and with what variety do the clefts change with growth? (6) What dental anomalies accompany clefts? (7) What problems exist in the temporal mandibular joint and in the growth of related bone structures?

Around these kind of questions, embryologists, histologists and anatomists presented their painstaking experiments with mice, rats and a limited number of human embryos. A dramatic illustration of the effect of heredity and the effect of a teratogenic agent, was presented in a paper by Dr. F. C. Fraser, of McGill University. He pointed out the high incidence of cleft palate in a specific strain of rats treated with

cortisone, but the lower incidence under the same conditions in a different strain. When the strains were cross-bred, the incidence of cleft palate under similar conditions of administration of cortisone dropped sharply. Such experiments as were reported with cortisone as a teratogenic agent or with a folic acid deficient diet involved are not, however, according to Dr. Josef Warkany, University of Cincinnati, proof that teratogenic factors are the causes of cleft palate. Further, drawing conclusions about human development by analogy from animal experiments is limited because the experimenter cannot learn the basic thresholds of tolerance in human development.

Of particular significance to those in the field of speech pathology, two presentations warrant further study and attention. D. C. Spriestersbach reported on a five year study, supported at the University of Iowa by research funds from the National Institute of Mental Health, concerned with the "adjustment" problems of individuals with cleft palate and cleft lips. This study was carried on by trained interviewers asking penetrating questions relative to the psychosocial problems of the mother, father, and child with a cleft palate. Only preliminary findings were presented: publication of an interpretation of the data is anticipated in the next two years.

A presentation of the cinefluoroscopic investigation of velopharyngeal pathology by Dr. F. A. Hoffman of the Lancaster, Pennsylvania, Cleft Palate Clinic was followed by a film depicting the technique of cinefluorography and the complex method of data reduction, as well as outstanding pictures of the speech mechanism in motion. Eventually this cinefluoroscopic method will shed new light not only on the movement of the palate but on the movement of all of the speech mechanisms. This film should be seen widely by professional workers and students.

Because there were many competent workers in the field of cleft palate rehabilitation who could not attend and many who could not be invited due to the limited facilities, a publication of the manuscripts will be issued in the near future. The nature of the symposium was one in which the speakers were not under pressure to fit their material to the audience and therefore no summary can adequately cover the breadth and depth of the material presented in this unique seminar.

Among the 114 participants who represented leadership in different disciplines were a number from outside the United States: Drs. Arne Bjork, Denmark; James Bosma, Sweden; James Calnan, England; Poul Fogh-Anderson, Denmark; Jan Langman, Montreal; Gian Tondury, Switzerland. From the field of speech pathology and audiology the following attended: Drs. Ken Bzoch, James Curtis, Don Harrington, Herbert Koepp-Baker, Herold Lillywhite, Jack Matthews, Eugene McDonald, Jayne Shover, D. C. Spriestersbach, Joanne Subtelny, and Harold Westlake.

*This Summary of the Cleft Palate Conference was prepared by DON A. HARRINGTON, Ph.D., Speech and Hearing Consultant, Division of Health Services, Children's Bureau, Dept. of Health, Education and Welfare, Washington, D.C.

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Legislation

REPORT OF TESTIMONY AT A CONGRESSIONAL HEARING

THE following testimony was presented by Stanley Ainsworth, President of the American Speech and Hearing Association, to the Subcommittee on Special Education of the United States House of Representatives Committee on Education and Labor on January 28, 1960 during hearings on legislative proposals affecting the fields of speech and hearing. The hearings were held in Cullman, Alabama.—Editor.

Before any comments about HJR-494 can be made, it is important to present the context within which these opinions will be given. Any legislation which is designed to assist those with speech and hearing disorders must take into consideration the complexity of the professional field which is concerned with these handicaps. For instance, the professional people in this field offer a wide range of remedial and therapeutic services which have outlets in many job situations. These working situations differ in their emphasis and primary goals. A great many clinicians are found in public schools where the emphasis is on alleviating communication disorders as a vital contribution to the total education process; many others function in medically oriented centers concerned with the physical and mental rehabilitation of the individual. In this latter situation the clinician contributes to the communicative aspects of this rehabilitation. Other clinicians function in settings which have neither a medical nor an educational emphasis but concentrate on the communicative disorders apart from any other professional or institutional emphasis. Still others serve in supervisory and consultant capacities in State, county, and city departments of education and health. Other clinicians may engage in private practice. In the process of helping individuals of all ages, from pre-school to old age, the speech pathologists and audiologists not only apply distinctive diagnostic and therapeutic procedures but must relate effectively to many other therapeutic, educational, and professional disciplines in such a way as to bring about an effective improvement of the individual's communication. The specific nature of the disorder may vary considerably depending upon the type of problem, the age of the individual and his particular personal, social, and economic needs. It should be stressed that whatever an individual needs in regard to his communicative disorders, the changes that take place in him when

he improves are the same regardless of the clinical setting within which he receives this treatment. Furthermore, the basic training for all clinicians is the same. Those who wish to work in certain job situations or at particular levels of professional activity should, of course, take additional training to equip themselves appropriately.

If we are to serve these individuals effectively and efficiently, we must encourage outlets for clinical services in as many job settings as possible. If this is not done there will be serious gaps in the help for different age levels and for some types of problems. A limitation of services to one type of clinical facility—such as educational, medical, rehabilitation or any similar designations—would prevent services to the other areas which are equally concerned with restoring the handicapped person to his highest level of personal, social and economic potentials.

There are some types of problems which are related to certain physical and psychological deviations but even these contain unique characteristics involving communication; there are other types of problems which are not specifically related to anomalies other than those within the area of communication itself. The procedures in diagnosing and treating all these individuals involve principles of learning but the speech and hearing clinician does not function as the classroom teacher who is concerned with classrooms of children, academic content and skills, and general social adjustment. And although the speech and hearing clinician is concerned with "readjustment" of the individual, the necessity for focusing on all aspects of oral communication makes this work distinctly separate from the profession of clinical psychology. This close relationship to principles of learning and the communicative readjustment of the individual demonstrates that the diagnosis and therapy conducted by the speech pathologist and audiologist

are not primarily medical. Therefore, the speech pathologist and audiologist is most appropriately viewed as a member of an independent profession who provides diagnosis and remedial services in many settings. It is true, of course, basic research and understanding of certain of these communicative problems may involve many of the basic sciences as well as the fields of psychology, medicine, sociology and rehabilitation.

The kinds of complexities briefly outlined above increase the difficulty of providing legislation which will satisfy all levels and all areas of needs in this field. Any such legislation must be constructed in such a fashion as to retain the professional independence of speech pathologists and audiologists. It should not limit support of the field or imply restrictions of function to any one field such as education, medicine, psychology, or rehabilitation. The speech pathologist and audiologist relates to and contributes to all of these areas as well as providing services which are unique and independent of these areas.

These comments have not stressed the many and diverse needs in the field. I am sure that these have been covered amply by the people you have heard in your hearings these past two days as well as in materials which have been provided you previously. There is little question that the most critical needs involve the provision of adequate and sufficient personnel. Any attempt to meet this demand must involve some kind of assistance (1) for the students wishing to become speech and hearing clinicians, and (2)

for the improvement and expansion of training programs. If the profession as a whole is to meet its responsibilities to the handicapped, it is obligated to support any legislation which will improve the quality and increase the number of personnel in the field and which will allow the members of the profession to retain their professional identity and independence as speech pathologists and audiologists.

H. J. Res. 494 is a bill which aims directly at increasing and improving personnel and training programs. Therefore, the American Speech and Hearing Association has officially endorsed this bill. We believe that its passage would assist significantly in attracting more individuals into this field and in improving the quality and number of our training programs. It is true that this single bill does not attempt to meet all of the urgent needs in the field of speech and hearing disorders. It is doubtful if any omnibus bill could be provided which would supply the variety of support needed in this complex field which cuts across and participates with so many professions. Therefore, I would like to urge that this bill be supported as an important step in relieving the personal tragedies and incapacities resulting from speech and hearing disorders.

On behalf of the entire profession of speech and hearing, I wish to express my deep appreciation for giving me the opportunity to present this testimony.

FRAMPTON STUDY WORKSHOPS—ELLIOT SUBCOMMITTEE HEARINGS

THE recent regional hearings of the Subcommittee on Special Education of the United States House of Representatives Committee on Education and Labor mark an important step on the national scene for the fields of Special Education and Rehabilitation.

Four Congressional hearings preceded by Workshop Meetings have been held to date for the purpose of identifying the needs in the areas of special education and rehabilitation in the New York State region, the New England region, the Southern region and the Eastern Atlantic region and to obtain recommendations for Federal legislation to meet these needs.

The Southern Regional Workshop was held in Atlanta, Georgia on January 25 and 26, 1960. Congressional Hearings were held following the Workshop on January 27 and 28, 1960 in Cullman, Alabama at the Cullman County Court House. The following Southern states were represented: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. Two hundred leaders in Special Education and Rehabilitation representing the areas of visual disabilities, speech and hearing problems, neuromuscular and orthopedic disabilities, chronic disabilities, mentally handicapped and emotionally disturbed, mental retardation and gifted met to discuss the pressing needs in these areas.

Dr. Mamie J. Jones, Coordinator, Education for Exceptional Children, State Department of Education in Georgia and Mr. William C. Geer, Coordinator, Regional Program Associate, Southern Region Education Board in Georgia were Association members who were invited to participate as members of the Advisory Committee to plan this Southern Regional Workshop. Mr. Geer was chosen by the Southern Regional Advisory Committee to act as the Coordinator for the Workshop.

The Eastern Atlantic Regional Workshop was held in Philadelphia, Pennsylvania on February 16 and 17, 1960. Congressional Hearings by the Elliot Subcommittee were held following the Workshop on February 18 and 19, 1960 in Jersey City, New Jersey. Co-Chairmen of the Section on the Hearing Handicapped were Mr. Lloyd Ambrosen, Superintendent of the Maryland School for the Deaf and Dr. William Hardy, Director of the Hearing and Speech Center at the Johns Hopkins Hospital in Baltimore, Maryland. The Co-Chairmen of the Section on the Speech Handicapped were Mr. Vaughn Weber of the Board of Public Education in Pittsburgh, Pennsylvania and Dr. Bruce Siegenthaler, Associate Professor of Speech Pathology and Audiology at Pennsylvania State University. Detailed comments concerning the outcome of this Workshop and Hearings will be reported in the next issue of *Asha*.

FRAMPTON STUDY PLAN

The preliminary outline for the Study of services, under the direction of Dr. M. E. Frampton, to the field of Special Education and Rehabilitation had three major objectives.

1. To discover the unmet needs in these areas; to screen these findings with the purpose of suggesting practical ways and means of solving the most pressing of these needs.
2. To review and analyze the adequacy of services now available; to ascertain whether there is duplication of services and agencies, including waste of Federal funds, if any.
3. To prepare legislation, if necessary, to achieve the foregoing.

A three-phase plan was established to implement these objectives. These are now being developed and the following is a brief resume of each phase:

Part I is a compilation of all existing Federal legislation and departmental regulations affecting all areas of Special Education and Rehabilitation. This volume will include a comprehensive index and marginal notations to facilitate use of the material. It is anticipated that this volume will be highly useful to administrators and educators in the fields of Special Education and Rehabilitation.

Part II of the Study is being conducted simultaneously with the completion of Part I. One aspect of Part II is an inquiry into professional and lay opinions on the unmet needs in Special Education and Rehabilitation and the existing facilities and services available throughout the country. This inquiry is being carried out through a series of regional Workshops, as reported above, utilizing the talents and thinking of many of the nation's key personnel in Special Education and Rehabilitation. The Workshops have and will continue to produce a body of information appraising the Study staff of the immediate and long-range needs in every section of the country.

Another aspect of Part II will involve the Study staff in a review of the operation of the programs being carried out by the Federal departments and agencies in this field. This will be done through return visits to persons already contacted for Part I information, and the establishing of further departmental and agency contacts, where necessary. As far as practical through interviewing, the Study staff plans to obtain a total picture of the functioning of Federal assistance to Special Education and Rehabilitation. This part of the Study is in the beginning stages.

Part III will include material as it develops through reports from personnel and organizations in the field, and as evidence is accumulated from the field studies and Congressional hearings. An analysis of this material will be made by the Study staff for consideration by the Subcommittee.

S. L. B.

A Summer Forecast...



THE BEST SPEECH SERIES FINDS WIDE ACCEPTANCE AS CARRY-OVER MATERIAL

The leisure of a summer vacation are impending in the March winds. As time cramps the fulfillments of another school year, plans should be effected for extending speech instruction to the home. The interruptions which summer brings to speech training may be reduced if immediate attention is given to carry-over activities. "The Best Speech Series" by Matthews, Phillips, Birch, and Burgi is particularly effective as carry-over material. Suggestions and purposes for using each page of the six non-sequential workbooks orient the parent instructors to the most effective use of the materials. The speech therapist should recommend those workbooks most applicable to the pupil's speech needs. Workbooks may be purchased and used independently for the following sounds: S - R - L - Th - K - G. Orders placed now will allow early delivery and opportunity for speech therapists to establish contact and orientation with parents. Brochures with specimen sheets from each of the six workbooks are available without obligation.

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EXAMINATION FOR ADVANCED CERTIFICATION IN HEARING

THE Examining Subcommittee on Certification in Hearing has continued to function during the past year in its role of preparing and conducting the required examination for completion of requirements for Advanced Certification in Hearing. Eleven candidates successfully passed the oral examination at the time of the 1959 convention in Cleveland, and their names are given below, along with those of all candidates who have passed the required examinations since 1955.

| | |
|------------------|------------------|
| Lyman Barrett | Malcolm McCoy |
| Richard Dixon | Maurice Miller |
| Marion Downs | Elmer Owens |
| Robert Frisina | Jack Rosen |
| Frank Frueh | Philip Rosenberg |
| Robert Goldstein | Martin Schultz |
| Dean Harris | Adam Sortini |
| Frank Kodman | Shirley Stein |
| Lennart Kopra | Emory Windrem |
| Frank Withrow | |

The examination for Advanced Certification in Hearing consists of two sections, a written and an oral. The names of applicants who are eligible by virtue of having completed all other requirements are forwarded to the chairman of the Examining Subcommittee by the Committee on Clinical Certification.

The written examination is given in late spring or early summer at the college or university nearest to the applicant. It is an all-day examination, taken on the same day by all applicants. It is prepared annually, and in 1959 consisted of 13 questions, both short answer and essay, covering the professional activity of clinical audiology. Ability to integrate areas of knowledge is tested, as well as familiarity with current audiologic practice and its bases. The responses are read and evaluated independently by

members of the Examining Subcommittee without knowledge of names of candidates. Candidates who pass the written examination are eligible to take the oral examination, currently given on the day preceding the Annual Convention in the convention hotel.

Twenty-eight members holding Advanced Certification in Hearing have served on the Examining Subcommittee. The chairman acknowledges with appreciation the services of the following former Subcommittee members:

| | |
|--------------------|----------------------|
| Moe Bergman | John Keys |
| Norton Canfield | Harriet Kopp |
| E. Thayer Curry | Frank Lassman |
| James Curtis | Hayes Newby |
| LeRoy D. Hedgecock | Miriam Pauls |
| Jacqueline Keaster | S. Richard Silverman |

To date, 26 candidates have taken the written examination, with 24 passing it. Nineteen of these 24 have taken and passed the oral examination. Included in the 19 are one candidate who passed the written on second attempt, and two candidates who passed the oral on second attempt.

Candidates who plan to take the examination for Advanced Certification in Hearing should communicate with the Chairman, Committee on Clinical Certification, ASHA, 300 Derby Hall, Ohio State University, Columbus 10, Ohio.

In a subsequent article in this journal the Subcommittee will discuss the methods employed to judge the competence of candidates, and outline the areas of audiology with which it is concerned. We welcome correspondence from members on these and other aspects of the examination for Advanced Certification in Hearing.

The date for the written examination is June 15, 1960.

Leo G. Doerfler, Chairman

ASHA CONVENTION - 1960

THE program committee of the 1960 ASHA convention wishes to call your attention to several items of interest to persons intending to contribute papers:

1. When submitting abstracts to the program chairman, as outlined in the formal call for papers, be sure to include four copies.
2. A survey of ASHA members holding advanced certification revealed them to be overwhelmingly in favor of the elimination of the use of slides and for the mimeographing of materials normally placed on slides. In view of this, contributors are requested to duplicate for

distribution to their audience materials normally placed on slides.

This does not apply to colored material, X-ray or film slides. However, these slides must be 3 1/4" x 4" and should adhere as closely as possible to:

"Illustrations for publications and projections," y151-1959, published by the American Standards Association, 70 East 45th Street, New York 16, N.Y.

3. Abstracts should clearly state that slides are in color, of filmed material, or of X-rays.

4. Mimeographed material should be limited to that normally placed on slides and should be of as few pages as possible. A number of graphs or charts to be on each sheet.
5. The chairman of the section in which a speaker is to appear will inform participants of the seating capacity of the meeting room well in advance of the convention. This will provide a basis for judging the number of copies to duplicate.
6. Mimeographed material will be distributed by the local arrangements committee.
7. Movie projectors and sound playback equipment will be provided as requested.
8. It is recognized that a few speakers may be

inconvenienced by the limitations in regard to slides. However, the advantages to the speakers and audience of mimeographing appear to outweigh the fact that slides are often poorly constructed, projectionists inept, professional projectionists costly, and the wide variety of projectors needed of major expense to the association.

The committee on the Film Theater, Dr. Jan Jeffers and Dr. Genevieve Arnold, would like your suggestions in regard to films which you feel should be shown at the convention. Please give your Program Committee the benefit of your suggestions on all aspects of the program.

Jack L. Bangs, Chairman, Program Committee

THE GOLDEN ANNIVERSARY WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH

THE 1960 White House Conference on Children and Youth will be held March 27-April 2 in Washington, D. C. Its purpose is "to promote opportunities for children and youth to realize their full potential for a creative life in freedom and dignity." Seven thousand delegates, including 700 young people, will meet in Washington, D. C. to attempt to determine guidelines and procedures to effect this purpose. These delegates will consist of 2900 representatives of state committees, 1700 representing national organizations, 600 public officials (governors, supreme court members, and Congressmen), 500 international guests, and 1300 national White House Conference Committee representatives.

The American Speech and Hearing Association has been preparing for participation through the efforts of a Committee on the White House Conference. Current membership includes John O. Anderson, Richard Hendricks, James E. McLean, Calvin W. Pettit, Sylvia O. Richardson, Richard L. Schiefelbusch, and Darrel J. Mase, Chairman. Participants in the conference will include Richard Hendricks, University of Maryland, and two students from the University of Maryland (Judith K. Purnell and Linda J. Tucker), and Darrel J. Mase of the University of Florida.

This is the sixth White House Conference. A national staff has been working for four years in preparing for this meeting. Grants from foundations and voluntary organizations total \$473,000 and \$350,000 has been appropriated in federal funds received through Congressional appropriations. A national Committee of 92 persons, appointed by President Eisenhower in the fall of 1958, is responsible for Conference planning. Each state has been active for the past two years and more in preparing materials and formulating recommendations.

The first Conference (1909) related to dependent children and had far reaching effects on child

care in the United States. Mothers' pensions, family care instead of institutional care, and the establishment of the Child Welfare League of America were developments stimulated by this Conference.

In 1919 a small conference in Washington was followed by eight regional conferences. Items which received consideration included children entering employment, children needing special care, and minimum standards for the public protection of the health of mothers and children. This seemed to provide the necessary impetus to the passage of the Sheppard-Towner Act of 1921 which contributed to the development of facilities for increased protection of mothers and infants. This Act, which ceased to function in 1929, was the basis on which the Federal-State program for maternal and child health administered by the Social Security Act of 1935 was established.

In 1930 the United States was in a depression. Unemployment brought suffering to many children and their parents. President Hoover called a White House Conference on Child Health and Protection, "to study the present status of the health and well-being of the children in the United States and its possessions; to report what is being done; to recommend what ought to be done and how to do it." This Conference produced the Children's Charter which has been widely distributed and still hangs in many offices where programs relate to children and youth. This Conference produced 32 volumes of findings but these were never condensed into an actual program of action.

In 1940 a Conference related to the needs of all children and primarily to family and community life. Once again, principles were evolved but bases for action were missing. The Conference stressed the need of more well-trained personnel, assistance to needy families, and increased services.

In 1950 the Midcentury White House Conference on Children and Youth stressed the need "to produce socially minded, cooperative people, without sacrificing individuality." The audience was extended from the 5,000 delegates through extensive radio and television coverage as well as excellent publications of the proceedings. The consideration of mental health at

This report was prepared by DARREL J. MASE, Ph.D. Dean, College of Health Related Services, University of Florida, Gainesville, Florida. Dr. Mase is Chairman of the ASHA Committee on The White House Conference.

this time focused considerable attention to the requirements for developing healthy personalities.

These brief summaries of previous conferences should give us some indication of what may be expected from the Golden Anniversary White House Conference of 1960. More planning has been done, more individuals have participated at the state and national level, more monies are available for planning of the Conference, and the prosperity of our nation provides more funds to implement the recommendations of this Conference. This should truly be an action conference.

Eighteen concurrent forums held Monday, Tuesday, and Wednesday mornings will feature speakers and panelists who will present facts and issues relating to the general topics. Two hundred and ten workshop groups of thirty people each will devote their attention on Monday, Tuesday, and Wednesday afternoons to eighteen major topics affecting the needs of children and youth. Proposals for recommendations will be voted in the forums on Thursday and Friday. Each participant will be assigned to a Theme Assembly, a Forum, and a Workshop, and will remain with the same assignment throughout the Conference.

A national Committee for Children and Youth is to be selected to follow through on the recommendations of the Golden Anniversary White House Conference on Children and Youth. Members of the American Speech and Hearing Association should follow the proceedings March 27 to April 2 through press, radio, and television. They should plan to order copies of

the proceedings for libraries and personal reference as decisions from this Conference will affect trends of programs for children and youth for the next decade.

ANNOUNCING

The 1960 DIRECTORY

of The

AMERICAN SPEECH AND HEARING ASSOCIATION

THE 1960 ASHA *Directory* will be distributed to all members as part of their dues. Major style changes have been made this year which will make this publication an invaluable reference book for ASHA members as well as those nonmembers concerned with the speech and hearing profession.

Hard-Cover Copies Available—\$5.00

The 1960 *Directory* is also available in a handsome hard cover. A few hard-cover copies will be available for \$5.00. If you desire one or more copies in this special binding, order immediately:—Enclose your check with your order to

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MODELS "77," "88," "99" employ the same electronic chassis but differ in the overall size of their cases to accommodate different battery combinations. Thus the different models are capable of different maximum output volume levels. These range from 125 db for the Model "77" to 138 db for the Model "99." Gain of the three models is 62, 70 and 71 db, respectively.

There is one model for every degree of hearing loss from mild to severe. In addition, each model provides 9 power and 6 tone settings for maximum flexibility in adjusting it to the specific needs of the individual user. These models are compact and economical. With symmetrical peak clipping, they provide outstanding speech reception even when operated at maximum output.

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OF THE COMMITTEE ON CLINICAL CERTIFICATION

THIS 17 DAY OF November, 1958

Jon Eisenson

President

Ruth Berkeley Swin

Chairman, Committee on Clinical Certification

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WHO SIGNED YOUR ORIGINAL CERTIFICATE)

DATE:
(GIVE DATE AS IT APPEARS
ON YOUR ORIGINAL CERTIFICATE)

(YOUR SIGNATURE)

ANNUAL ELECTION OF OFFICERS

THE Annual Election of American Speech and Hearing Officers and Councillors was held in December 1959. The final results of the election balloting and voting by the Association members have been tabulated. The following were elected:

| | |
|---------------------|----------------------|
| Paul Moore | President-Elect |
| Duane Priestersbach | Vice-President-Elect |
| William Hardy | Councillor-at-Large |
| Oliver Bloodstein | Councillor-at-Large |



Paul Moore
President-Elect

tutes of Health. He is the Editor-in-Chief of the Language Master Library of materials.

Dr. Moore received his bachelor's degree from West Virginia University in 1929 and the master's degree from Northwestern University in 1930. His Ph.D. was also obtained from Northwestern University in 1936 with majors in speech pathology and psychology.

His basic interest area has been in the study of voice disorders with the majority of this time devoted to research in laryngeal physiology with particular attention to phonation.

Dr. Moore is a member of the Legislative Assembly of the Speech Association of America. He is a member of the Central States Speech Association and the Chicago Speech Therapy and Audiological Society. He is also an honorary member of the Chicago Otolological and Laryngological Society.

Recent publications include *Voice Disorders Associated with Organic Abnormalities* (Chapter 22, 653-707) in the *Handbook of Speech Pathology* published by Appleton-Century-Crofts, Inc., 1957. Dr. Moore is also a co-author of some recent important contributions to research in the field of speech which have been published in the *Journal of the American*

PAUL MOORE is Associate Professor of Speech Correction in the School of Speech at Northwestern University. He also serves as Lecturer in Otolaryngology and Director of the Voice Clinic in the Northwestern Medical School, as well as Director of the Institute of Laryngology and Voice Disorders in Chicago, Illinois. Dr. Moore is a member of the Sensory Diseases Study Section of the National Institute

Medical Association, the A.M.A. Archives of Otolaryngology and *Folia Phoniatria*. He has also co-authored two recent educational motion pictures dealing with the larynx and voice.

Dr. Moore has served the Association as Associate Editor of the *Journal of Speech and Hearing Disorders* for two terms. He has also served as Assistant Editor of the *Journal of Speech and Hearing Disorders*. He has held numerous committee appointments in the Association.

He is a Past President of the Central States Speech Association and the Chicago Speech Therapy and Audiology Society, and a past Editor of the *Central States Speech Journal* and a past Associate Editor of the *Quarterly Journal of Speech and Speech Monographs*.

Dr. Moore was married in 1929. His wife received her master's degree in speech correction at Northwestern University in 1934. The Moore's have two children, Anne and Paul David.



D. Priestersbach
Vice-President-Elect

DUANE PRIESTERSBACH is Professor of Speech Pathology in the Department of Speech Pathology and Audiology and in the Department of Otolaryngology and Maxillofacial Surgery at the State University of Iowa. Dr. Priestersbach teaches graduate courses and directs research in the areas of cleft palate, post-laryngectomy speech and organic voice disorders. He is currently the principal investi-

gator for two research grants from the National Institutes of Health. One of these projects is in its fifth year and concerns the psychosocial aspects of the "Cleft palate problem." The other project is in its

second year and concerns an evaluation of certain diagnostic procedures used prior to the physical management of individuals with cleft palate for predicting the success of the management for speech.

Dr. Spriestersbach was born on September 16, 1916 in Pine Island, Minnesota. He received his bachelor's degree from Winona State Teachers College, Winona, Minnesota in 1939. His master's degree was received in 1940 and the Ph.D. degree was received in 1948 from the State University of Iowa.

His strongest interest area is research work on cleft palate. Dr. Spriestersbach has served as Secretary-Treasurer of the American Association for Cleft Palate Rehabilitation for the past three years.

He is a co-author of *The Diagnostic Manual in Speech Correction* published by Harper & Brothers in 1952 and the author of approximately 25 articles dealing primarily with cleft palate.

Dr. Spriestersbach has served the Association as a member of the Committee on Organizational Structure, the Program Committee, and as Chairman of the Committee on Clinical Standards in Speech. He is a Fellow of the Association. Dr. Spriestersbach is married and the father of two children. His wife is a speech pathologist and audiologist working part-time on a cleft palate research project.



William G. Hardy
Councillor-at-Large

WILLIAM G. HARDY is the Director of the Hearing and Speech Center and the Audiologist-in-Charge at the Johns Hopkins Hospital in Baltimore. He also serves as Associate Professor of Otolaryngology in the Johns Hopkins School of Medicine and as Associate Professor of Environmental Medicine in the Johns Hopkins School of Hygiene and Public Health. He is presently serving as a Consultant to the U. S.

Children's Bureau, the National Institutes of Health, Veterans Administration, U. S. Navy Department of Medicine and the Maryland and New York Departments of Health.

Dr. Hardy received his bachelor's degree from Brown University in 1931 and the master's degree from New York University in 1933. He engaged in special study at the Albany Medical School (Union University) from 1936 to 1938. He obtained his Ph.D. degree from Cornell University in 1943.

His special interests are in problems of psychoacoustics, etiology of hearing impairment, develop-

ment of hearing and language in childhood, physiology of hearing, clinical audiometry and preventative medicine in hearing and speech problems. Dr. Hardy is the author and co-author of approximately 55 articles and book chapters on various aspects of hearing, language and speech, normal and disordered.

Dr. Hardy has served the Association as a member of the Committee on Clinical Standards in Hearing, Membership Committee, Nominating Committee and the Program Committee. He is presently Chairman of the Committee on Clinical Standards in Hearing as well as the Associate Editor for Audiology of the *Journal of Speech and Hearing Disorders*. He is a Fellow of the Association. Dr. Hardy was married in 1933 and is the father of three children.



Oliver Bloodstein
Councillor-at-Large

OLIVER BLOODSTEIN is Assistant Professor of Speech and Supervisor of the Community Speech and Hearing Center at Brooklyn College. Dr. Bloodstein was born in the Bronx, New York, on December 2, 1920. He received the bachelor's degree from City College in 1941 and the master's degree from the State University of Iowa in 1942. His Ph.D. was also awarded by the State University of Iowa in 1948 with a

major in Speech and a large concentration of work in the field of psychology.

His area of chief interest is stuttering. Recent publications include: *A Handbook on Stuttering for Professional Workers* published by the National Society for Crippled Children and Adults in 1959 and *Stuttering as an Anticipatory Struggle Reaction* published in *A Symposium on Stuttering*, Harper & Brothers in 1958. Other contributions to research in the field of speech have been published in the *Journal of Speech and Hearing Disorders*.

Dr. Bloodstein has been an Associate Editor of the *Journal of Speech and Hearing Disorders* and is currently an Associate Editor of the *Journal of Speech and Hearing Research*. He has served the Association as a member of the Committee on Clinical Certification, American Speech and Hearing Foundation and the Convention Program Committee. He is presently serving as a member of the Committee on Clinical Standards in Speech.

Dr. Bloodstein was married in 1941 and is the father of two children, Judy and Daniel. His wife is a speech and hearing clinician in the Brooklyn College Speech and Hearing Center.

1959 FELLOWSHIP AWARDS



H. F. Amidon



J. P. Egan



J. K. Laguaite



E. D. Schubert



J. J. Zwislocki



R. E. Shutts



B. M. Siegenthaler



G. C. Tolhurst

THE EXECUTIVE COUNCIL, at its November 1959 Meeting awarded Fellowships to the following individuals. This Honor has been given in recognition of professional or scientific achievement.

HILDA F. AMIDON, M.A., received her Master's Degree in Speech Correction from the State University of Iowa in 1941. At present she is Supervisor of Speech and Hearing Services of the public schools of Hartford, Connecticut.

JAMES PENDLETON EGAN, Ph.D., was awarded his Doctorate, in Experimental Psychology (Psychoacoustics) by Harvard University in 1947. He is now Professor, and Director of the Hearing and Communication Laboratory, Indiana University, Bloomington, Indiana.

JEANNETTE KATHERINE LAGUAITE, Ph.D., received her Doctorate, in Speech from Louisiana State University in 1952. At present she is Associate Professor, Tulane University Medical School and Educational Director of the Speech and Hearing Center, Department of Otolaryngology, New Orleans, Louisiana.

EARL D. SCHUBERT, Ph.D., received his Doctorate in Experimental Psychology from the State University of Iowa in 1948. He is now Professor at Western Reserve University, Cleveland, Ohio.

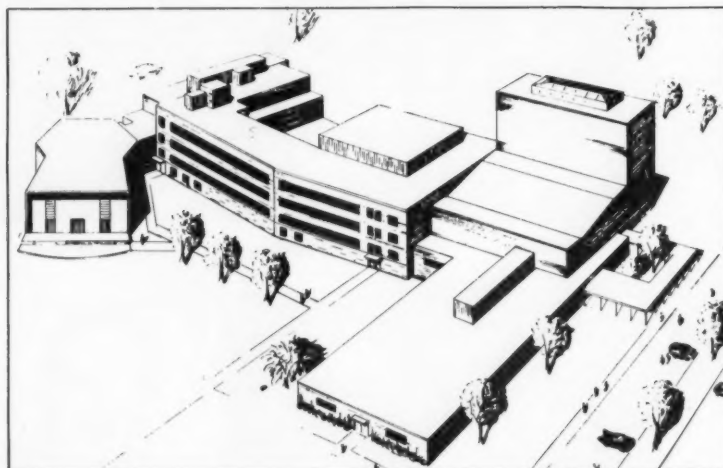
R. EDWIN SHUTTS, Ph.D., won his Doctorate in Audiology and Speech Pathology from Northwestern University in 1950. Currently, he is Assistant Director, Army Audiology and Speech Center at Walter Reed Army Hospital, Washington, D.C.

BRUCE M. SIEGENTHALER, Ph.D., received his Doctorate in Speech Pathology and Audiology from the University of Michigan in 1951. His present post is Associate Professor of Clinical Speech at Pennsylvania State College.

GILBERT CHARLES TOLHURST, Ph.D., received his Doctorate in Speech Correction and Psychology, from the State University of Iowa in 1948. His present appointment is that of Director of the Acoustic Laboratory, U. S. Naval School of Aviation Medicine, U. S. Naval Air Station, Pensacola, Florida.

JOZEF JOHN ZWISLOCKI, Dr. Tech. Sci., received his Doctorate in Technical Science from the Federal Technical Institute in Switzerland in 1948. His present position is Resident Associate Professor-Director of the Bioacoustics Laboratory at Syracuse University, Syracuse, New York.

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Clinical and Educational Materials

RECORDINGS

WHERE IS IT? DO THIS; DO THAT, Hearing Rehabilitation, 1072 North Drive, East Meadow, New York. Double-faced record 78 rpm. For the nursery-school child with hearing impairment. Questions are asked and answered and commands given. Pauses allow ample time for the child to hear and do what is asked of him. These recordings are favorites of children because of their simplicity and the action which they suggest.

THE DOWNTOWN STORY, conceived, narrated and sung by Helen Gene Purdy, Folkways Records & Service Co., 117 West 46th Street, New York 36, N. Y. Catalog #FC70-70—Also available at major music stores. 10 inch, 33 1/3 LP. These new records are planned for training auditory perception of the very young. The sound effects for the

department store and supermarket are authentic. The songs are simple and within the range of young voices. The album includes booklet containing text, songs, and pictures.

HAZEL HAWKINS HAT, THE LITTLE DOG WHOSE TAIL WOULDN'T WAG, TOMMY'S BIRTHDAY PARTY and THREE LITTLE PIGS, Hearing Rehabilitation, 1072 North Drive, East Meadow, New York. Two double-faced 78 rpm records. The short narratives are clearly printed and graphically illustrated in a booklet, "Three Stories" making listening fun, when a child can read the story at the same time, or if too young to read, can follow the story by looking at the pictures.

INTELLIGENCE TESTING FOR SPEECH AND HEARING HANDICAPPED

PEABODY PICTURE VOCABULARY TEST, Lloyd M. Dunn, Ph.D., 1959. Distributed by American Guidance Service, Inc., 2106 Pierce Avenue, Nashville 12, Tennessee. This power, easily administered, and easily scored test is designed to give a quick, yet valid measure of an individual's level of comprehension for the spoken words. It provides a well-standardized index of (1) receptive language and (2) verbal intelligence. It is suggested by the author that, in the field of speech and hearing that this instrument should have special utility as a measure of vocabulary comprehension. Speech and Hearing personnel who pre-tested the PPVT found it a useful diagnostic tool upon which to base treatment. In cases of *delayed speech* and *expressive aphasia* it was found to be effective in assessing the extent to which the expressive component of language lagged behind the receptive aspect. For the

peripheral hearing loss cases it provided a hearing vocabulary which, when compared with a non-verbal measure of intelligence yielded a good estimate of the degree to which the hearing handicap imposed limitations on normal language development. For *cerebral-palsied* children and adults the scale was particularly effective since neither verbal response nor pointing is necessary for a measurable response. Since the non-oral type of response reduces the tension of the testing situation, the test has been found useful in the case of *stuttering*, *autistic*, and *withdrawn* subjects. For uncomplicated cases of *articulation*, it provided a reliable measure of verbal intelligence. Overall, in the pre-testing the PPVT performance gave an index (1) of the rate and level of learning which could be expected of a subject, and (2) of receptive language—a crucial aspect of the total communication process.

PUBLICATIONS—OTHER MATERIALS

Bulletins,
Special Educ. Sp. Correction,
Minneapolis Pub. Schools

THE NON-FLUENT PERIOD OF SPEECH DEVELOPMENT, No. 213 (3500 3-57) discusses, "Getting the Feeling of Speech." Lists 14 recommendations for "Handling the Child," during speech development.

UNDERSTANDING STUTTERING, No. 214 (3500 3-57) includes "A Point of View Regarding Stuttering." Positive suggestions for "Helping the person who stutters" are also listed.

THE OBJECTIVE ATTITUDE APPROACH IN THE TREATMENT OF STUTTERING. No. 215 (3500 3-57) Topics discussed are fears related to stuttering, how to overcome fears; advertising and talking freely about stuttering, the use of the mirror in becoming objective, and handling blocks or stuttering in an easier way.

KNOW YOURSELF, A workbook for "Those Who Stutter," Bryng Bryngelson, Myfanwy E. Chapman, and Arvetta K. Hansen, 3rd Edition—Revised 1958—Burgess Publishing Co., 426 South 6th Street, Minneapolis, Minn. Although the major emphasis of this workbook is stuttering, the

authors have revised earlier materials to fit any kind of difference, be it physical, social, economic, race, nationality, or speech. Objective attitudes are stressed. The revised edition, with basic ideas only slightly changed, includes new lessons, reorganization of previous materials, and terminology brought up to date. This book, written in simple language, which can be understood by the layman is designed as a guide for students working under the direction of a clinician, either individually or in a group.

For Parents and Class Room Teachers

TANGLED TONGUES: Helping the Stuttering Child, Robert L. Mulder, Ph.D. 1960. Educational Materials Productions, Oregon College of Education, Monmouth, Oregon. This publication is a 16 page, printed booklet in two parts. Part I describes the speech behavior of young children and includes positive suggestions to parents and teachers for the better understanding of children, who are considered to have more than the usual number of non-fluencies. Part II deals with problems of "The Older Child Who Stutters"—the one, who is, himself, *aware* of talking differently. While the previous section emphasized

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preventive measures, this one includes guides to parents and teachers in helping a child, whose way of talking has previously been confirmed, as stuttering, by a qualified person. This inexpensive and concisely written booklet, obviously based upon presently accepted points of view regarding stuttering, should fill an often expressed need to have something brief, yet comprehensive, in the way of printed material on this subject, to use in parent and/or teacher counseling.

SELF INVENTORY: Group Therapy for Those Who Stutter, Myfanwy E. Chapman, Revised 1959, Burgess Publishing Co., 426 South 16th St., Minneapolis 15, Minn. This compact book is designed for both individual and group therapy. Diagnostic material both for the student and clinician is included. Informational material is presented in a manner which enables an individual to learn more about himself, to describe his speech behavior, to determine what modifications can be made in speech and general behavior and finally to work toward effecting the modifications. The drills, activities, and assignments are interesting and specific. The author emphasizes the necessity of using the manual under the guidance of a clinician since people and situations differ and that this material must be adapted to the individual instead of the individual to the material.

A BEGINNERS SPEECH BOOK, Sisters of St. Francis of Assisi, 1959, St. John's School for the Deaf, 3680 South Kinnickinnic Avenue, Milwaukee 7, Wisconsin. A mimeographed, illustrated booklet which the compilers suggest, can be useful for teachers, and parents of deaf children as well as for those who train other speech-handicapped children. The booklet is composed of 176 nouns selected from common usage. The Alcorn Symbols, based on the Northampton Vowel Chart, representing the mouth positions for the various vowels were developed to help the deaf child to pronounce new words by giving a pictorial impression of the word.

AUDIO-VISUAL

1960 EDUCATIONAL MOTION PICTURES CATALOG, Circulation Department of Audio-Visual Center, Indiana University, Bloomington, Indiana. This 664 page catalog lists approximately 6,000 films of cultural, social and educational value recommended for use from nursery school through college and adult levels. It is an easy-to-use descriptive index to the 16mm films in the University film library that are available on a rental basis to any responsible individual or organization. The motion pictures are arranged in the catalog both by suggested subject matter areas and alphabetically by title. In both sections recommended grade levels are given.

THE PRESENTOR, IRC Corporation, 281 State Street, New London, Conn. This completely portable, visual aids device, especially designed for classroom use combines into one unit: a peg board, felt board, magnet board, flip chart and rear projection screen with each unit. A complete instruction manual is provided, illustrating how to best use this visual aid in all kinds of meetings, conferences, etc.

REPRINT

SUGGESTIONS FOR THE ADAPTIVE ADMINISTRATION OF INTELLIGENCE TESTS FOR THOSE WITH CEREBRAL PALSY, Robert Allen, Ph.D. Available at United Cerebral Palsy, 321 West 44th Street, New York 36, N. Y.



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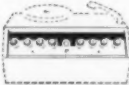


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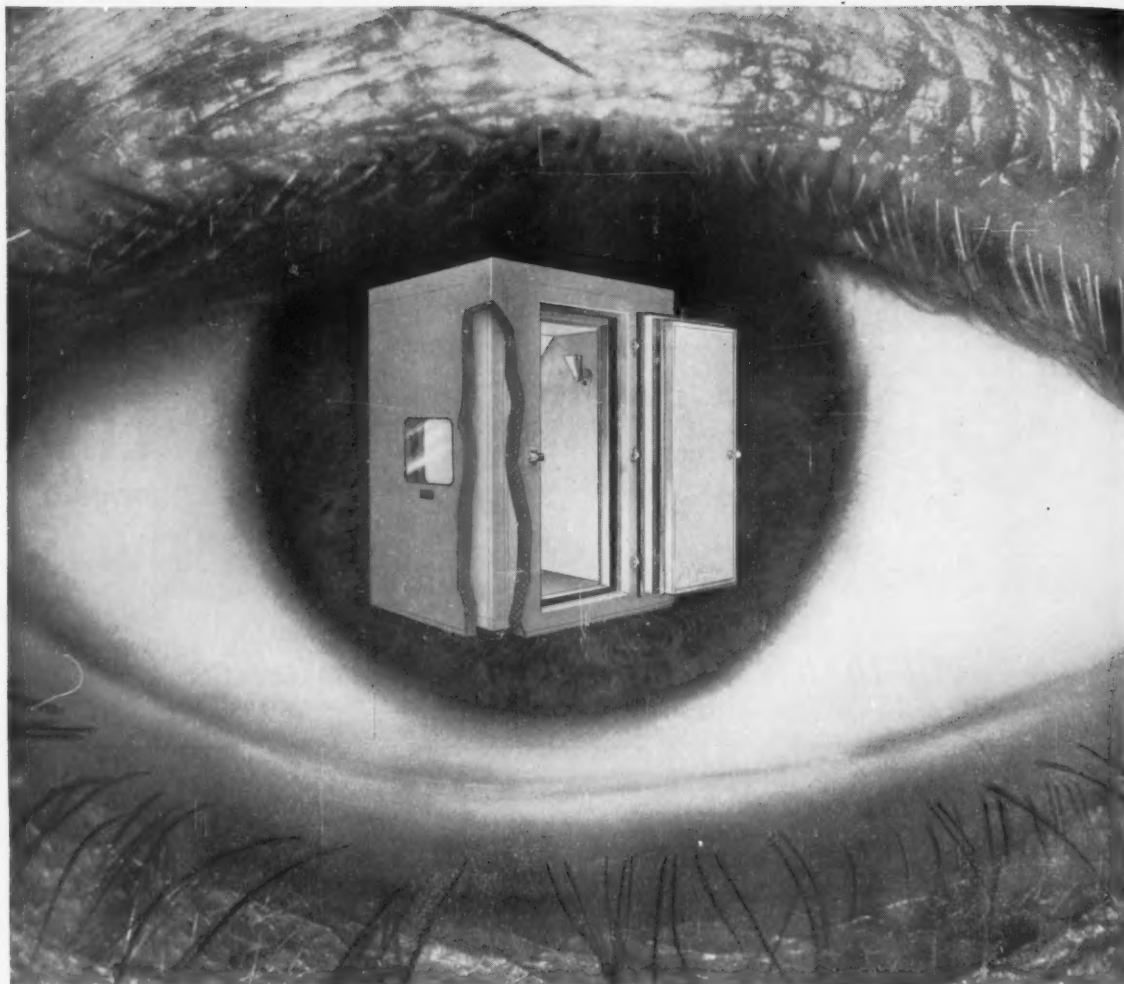
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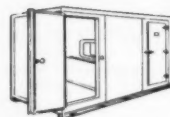
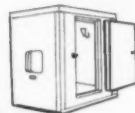


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News and Announcements

SUMMER PROGRAMS IN SPEECH PATHOLOGY AND AUDIOLOGY*

The 86 colleges and universities listed below are offering programs in the summer of 1960 which are designed to help students working toward ASHA certification requirements. The time length of the programs ranges from an intensive short term three-weeks course to a complete 12-weeks summer quarter. Opportunities for clinical practicum appear to be equally varied.

Each entry gives the name of the school, address, informant, and the length (in weeks) of the summer term within the parentheses. The individual listed for each of the schools should be addressed directly for detailed information.

ALABAMA COLL., Montevallo, Ala.
Laura F. Wright, Ph.D., Sp. Dept. (5).
AUBURN UNIV., Auburn, Ala.
J. Buckminster Ranney, Sp. & Hrng. Cl. (6, 12).
BAYLOR UNIV., Waco, Texas
Thomas B. Abbott, Ph.D., Baylor Sp. Cl. (6, 12).
BALL ST., Muncie, Ind.
Alan W. Huckleberry, Sp. Cl. (5, 10).
BOSTON UNIV., Boston 15, Mass.
Wilbert Pronovost, Ph.D., Sp. Cl. (6, 12).
BOWLING GREEN ST. UNIV.
Bowling Green, Ohio
Melvin Hyman, Ph.D., Sp. & Hrng. Cl. (5, 10).
BRADLEY UNIV., Peoria, Ill.
C. K. Mawhinney, Ph.D., Sp. Cl. (5).
BRIGHAM YOUNG UNIV., Provo, Utah
A. J. Morley, Ph.D., Sp. Cl. (10).
CENTRAL MICHIGAN UNIV.
Mt. Pleasant, Mich.
K. L. Maxwell, Ph.D., Sp. Cl. (6).
CENTRAL MISSOURI ST. COLL.
Warrensburg, Mo.
Lin Welch, Sp. & Hrng. Cl. (8).
CHICO ST. COLL., Chico, Calif.
A. L. Solomon, Ph.D., Sp. & Hrng. Cl. (6).
COLL. OF THE PACIFIC
Stockton 4, Calif.
H. P. Hansen, Ph.D., Sp. Cl. (10).
EASTERN ILLINOIS UNIV.
Charleston, Ill.
W. L. Thurman, Ph.D., Sp. Cl. (8).
EAST TENNESSEE ST. COLL.
Johnson City, Tenn.
Sol Adler, Ph.D., Sp. Cl. (6, 12).
EMERSON COLL., Boston 16, Mass.
Catherine C. Perry, Sp. Path. (6).
FLORIDA ST. UNIV., Tallahassee, Fla.
L. L. Schendel, Sp. & Hrng. Cl. (8).
FORT HAYS KANSAS ST. COLL.
Hays, Kans.
Geneva Herndon, Ph.D., Sp. Cl. (8).
GALLAUDET COLLEGE
Washington 2, D.C.
Dean George Detmold (6).
IDAHO STATE COLL., Pocatello, Ida.
C. E. Cleeland, Ph.D., Sp. Cl. (10).
INDIANA ST. TEACHERS COLL.
Terre Haute, Ind.
R. B. Porter, Ch.—Spec. Educ. (10).
INDIANA UNIV., Bloomington, Ind.
Robert Milisen, Ph.D., Sp. Cl. (3, 8).
KENT STATE UNIV., Kent, Ohio
J. R. Montgomery, Sp. Cl. (5, 10).
MIAMI UNIV., Oxford, Ohio
Frank Robinson, Ph.D., Sp. Cl. (5, 10).

MARQUETTE UNIV.
Milwaukee 3, Wisc.
Alfred J. Sokolnicki, Sp. Cl. (6).
MARSHALL COLL., Huntington, W. Va.
Ruth Garrett, Sp. Cl. (5).
MISSISSIPPI SOUTHERN COLL.
Hattiesburg, Miss.
Robert Peters, Ph.D., Sp. Dept. (12).
MONTANA ST. COLL., Bozeman, Mont.
Kay Roberts, Sp. Cl. (5, 10).
MONTANA ST. UNIV., Missoula, Mont.
C. D. Parker, Ph.D., Sp. Cl. (5, 10).
MONTCLAIR ST. COLL.
Upper Montclair, N. J.
Harold Scholl, Sp. & Hrng. Cent. (6).
NEWARK ST. COLL., Union, N. J.
G. W. Gens, Ph.D., Sp. Cl. (6).
NORTHEASTERN ST. COLL.
Tahlequah, Okla.
Earl W. Blank, Ph.D., Sp. Cl. (8).
NORTHERN ILLINOIS UNIV.
DeKalb, Ill.
Louis Lerea, Ph.D., Sp. Cl. (8).
NORTHWESTERN UNIV.
Evanston, Ill.
Earl R. Harford, Dept. Communicative Disorders (6, 8).
OUR LADY OF THE LAKE COLL.
San Antonio 7, Tex.
Sr. M. Arthur, Sp. & Hrng. Cl. (6).
OHIO ST. UNIV., Columbus 10, Ohio
H. J. Oyer, Ph.D., Sp. & Hrng. Cl. (5, 10).
OREGON COLLEGE OF EDUCATION
Monmouth, Ore.
R. L. Mulder, Ph.D., Sp. Cl. (8).
PENNSYLVANIA ST. UNIV.
Univ. Park, Pa.
Asa J. Berlin, Ph.D., Spec. Educ. (3, 6).
PHILLIPS UNIV., Enid, Okla.
T. A. Hedges, Ph.D., Sp. & Hrng. Cent. (8).
PURDUE UNIV., Lafayette, Ind.
M. D. Steer, Ph.D., Sp. Cl. (3, 8).
QUEENS COLL., Flushing 67, N. Y.
A. J. Bronstein, Ph.D., Sp. & Hrng. Cent. (6).
ST. LOUIS UNIV., St. Louis 3, Mo.
Mary Lou Rush, Sp. Cl. (6).
SAN FRANCISCO ST. COLL.
San Francisco 27, Calif.
Gordon M. Low, Ph.D., Sp. & Hrng. Cl. (3, 6).
SAN JOSE ST. COLL.
San Jose 14, Calif.
Ward Rasmus, Ph.D., Sp. Cl. (6).

SOUTHERN ILLINOIS UNIV.
Carbondale, Ill.
Gene J. Brutton, Ph.D., Sp. Cl. (8).
SOUTHWEST TEXAS ST. COLL.
San Marcos, Texas
Empress Y. Zedler, Ph.D., Sp. & Hrng. Cl. (3, 12).
STANFORD UNIV., Palo Alto, Calif.
Hayes A. Newby, Ph.D., Sp. Path. & Audiol. (8).
ST. TEACHERS COLL., Bloomburg, Pa.
Donald Maietta, Ph.D., Spec. Educ. (12).
ST. TEACHERS COLL., Indiana, Pa.
Donald A. Hess, Sp. & Hrng. Cl. (12).
ST. TEACHERS COLL., Minot, N. D.
Edna Gilbert, Ph.D., Sp. & Hrng. Cl. (8).
ST. UNIV. OF IOWA, Iowa City, Iowa
James F. Curtis, Ph.D., Sp. Path. & Audiol. (8).
S. UNIV. OF NEW YORK
Buffalo 22, N. Y.
Betty Gallagher, Sp. Cl. (6).
SOUTHERN OREGON COLL.
Ashland, Ore.
Leon C. Mulling, Sp. & Hrng. Cent. (8).
SOUTHWESTERN LOUISIANA INST.
Lafayette, La.
H. Waldo Wasson, Sp. Cl. (8).
SYRACUSE UNIV., Syracuse 10, N. Y.
Louis M. DiCarlo, Hrng. & Sp. Cent. (6).
TEMPLE UNIV., Philadelphia 22, Pa.
Murray M. Halfond, Ph.D., Sp. Cl. (3, 6).
TEXAS TECHNOLOGICAL COLL.
Lubbock, Texas
Bernard A. Landes, Sp. & Hrng. Cl. (6, 12).
TEXAS WOMEN'S UNIV.
Denton, Texas
J. D. Tyson, Ph.D., Sp. & Hrng. Cl. (6, 12).
UNIV. OF ALABAMA, University, Ala.
Ollie Backus, Ph.D., Sp. Cl. (6).
UNIV. OF ARKANSAS
Fayetteville, Ark.
Sara M. Ivey, Ph.D., Sp. Cl. (6).
UNIV. OF CHATTANOOGA
Chattanooga, Tenn.
J. Dale Welsh, Sp. & Hrng. Cent. (5).
UNIV. OF COLORADO, Boulder, Colo.
M. A. Valentine, Sp. Cl. (4, 5).
UNIV. OF GEORGIA, Athens, Ga.
Stanley Ainsworth, Ph.D., Sp. Cl. (3, 6).
UNIV. OF HAWAII, Honolulu 14
Merle Ansberry, Ph.D., Sp. & Hrng. Cl. (6).

UNIV. OF HOUSTON
Houston 4, Texas
Genevieve Arnold, Ph.D., Sp. & Hrng.
Cl. (6).

UNIV. OF KANSAS

Lawrence, Kans.
M. C. Byrne, Ph.D., Sp. Cl. (8).

UNIV. OF KENTUCKY

Lexington, Ky.
Frank Kodman, Jr., Ph.D., Audiology
Cl. (8).

UNIV. OF MARYLAND

College Park, Md.
Richard Hendricks, Ph.D., Sp. Cl. (6).

UNIV. OF MICHIGAN

Ann Arbor, Mich.
H. Harlan Bloomer, Ph.D., Sp. Cl. (6,
8).

UNIV. OF MINNESOTA (DULUTH)
Duluth, Minn.

Robert F. Pierce, Ph.D., Sp. Cl. (5, 8).

UNIV. OF MINNESOTA

Minneapolis 14, Minn.

E. H. Henriksen, Ph.D., Sp. Cl. (5, 10).

UNIV. OF MISSOURI, Columbia, Mo.
Charlotte G. Wells, Ph.D., Sp. Cl. (8).

UNIV. OF NEBRASKA

Lincoln 8, Neb.
John Wiley, Ph.D., Sp. & Hrng. Labs.
(8).

UNIV. OF NEW MEXICO

Albuquerque, N. M.
Fred M. Christ, Ph.D., Sp. & Hrng. Cl.
(4).

UNIV. OF NORTH DAKOTA

Grand Forks, N. D.
W. F. Rintelmann, Sp. & Hrng. Cl. (8).

UNIV. OF OKLAHOMA, Norman, Okla.

Kennon H. Shank, Ph.D., Sp. Cl. (8).

UNIV. OF OREGON, Portland, Ore.

Herold Lillywhite, Ph.D., Sp. Cl. (4, 8).

UNIV. OF PITTSBURGH

Pittsburgh 13, Pa.
Joe M. Ball, Ph.D., Sp. Dept. (6).

UNIV. OF SOUTHERN CALIFORNIA

Los Angeles 7, Calif.
William H. Perkins, Ph.D., Sp. & Hrng.
Cl. (4, 6).

UNIV. OF TENNESSEE

Knoxville, Tenn.
Bernard Silverstein, Ph.D., Sp. Cl. (10).

UNIV. OF VIRGINIA

Charlottesville, Va.
James M. Mullendore, Ph.D., Sp. & Hrng.
Cent. (6).

UNIV. OF WICHITA

Wichita 19, Kans.
Martin F. Palmer, Inst. of Logoped. (4,
8).

UNIV. OF WISCONSIN

Madison 6, Wisc.
John V. Irwin, Ph.D., Sp. & Hrng. Cl.
(8).

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VANDERBILT UNIV.

Nashville 12, Tenn.
Freeman McConnell, Ph.D., Hrng. & Sp.
Cent. (10).

WESTERN MICHIGAN UNIV.

Kalamazoo, Mich.
Charles Van Riper, Ph.D., Sp. Cl. (6).

WEST VIRGINIA UNIV.

Morgantown, W. Va.
B. B. Schlanger, Ph.D., Sp. & Hrng. Cl.
(6, 12).

*The above program list was prepared with the assistance of J. BUCKMINSTER RANNEY, Ph.D., Associate Professor of Speech, and Director, Speech and Hearing Clinic, Alabama Polytechnic Institute, Auburn University, Auburn, Alabama.

Institutional

The University of Connecticut Speech and Hearing Clinic has moved into newly completed quarters in the Department of Speech building. The undergraduate curriculum in speech pathology and audiology has been expanded.

The Lancaster Cleft Palate Clinic announces a seminar, April 4-7 in the diagnosis, research, and treatment of individuals with oral-facial-speech handicaps. Applications for admission are available from Dr. Mazaheri, Chief Dental Services, Lancaster Cleft Palate Clinic, 24 North Lime Street, Lancaster, Pennsylvania.

A committee appointed by Kansas Governor Docking has recommended a state financed program of research into the causes and prevention of mental retardation. A survey to determine the number, age, and types of mentally retarded persons is needed and, if possible, a social history of each so classified, should be obtained. The committee also recommended a sustained effort to recruit, train, and retain qualified educational and health personnel for the program.

In Seattle, Washington, a study is being made of the feasibility of a merger of the health services of the public schools with the county health department. The merger was recommended by a management firm, but Dr. George Aagaard, Dean of the University of Washington School of Medicine, urges continued separation.

The Social Welfare Council of Louisiana has appointed a committee on institutional facilities for severely handicapped children. The committee will investigate what is being done and what can be done to provide care for physically and mentally handicapped children, including those whose condition is assumed to be unimprovable.

Closing date for applications for the examination for "Certification of Speech Correctionist" in the Chicago Public Schools is noon, April 11, 1960. The examination which will be given on April 25, 1960, will consist of both a written comprehensive in speech and hearing and a practical demonstration of professional competence. Beginning salary for holders of a Bachelor's degree who meet certificate requirements is \$5,000 per year with a \$250 differential for a Master's degree or each year of experience. Further information is available from Dr. Margaret Hall Powers, Director, Bureau

of Physically Handicapped Children and Division of Speech Correction, 228 North LaSalle Street, Chicago 1, Illinois.

Research Grants and Awards

The American Speech and Hearing Foundation has awarded Scholarships of \$500 each to Edgar B. Stark, graduate student at Southern Illinois University and to Roy Eblen, graduate student at the State University of Iowa. These awards were made possible by a grant to the ASHA foundation by the United Cerebral Palsy Research and Educational Foundation.

Earl D. Schubert, Ph.D., has been awarded a \$10,800 grant from the National Science Foundation for a study entitled, "Interaural Temporal Disparity." The one-year project will be concerned with the neural aspect of the binary auditory system.

Gallaudet College has received a \$12,000 grant from the Donner Foundation of Philadelphia for the building of an Anechoic Chamber for research purposes. The Donner Foundation grants are awarded usually for medical research and therapy and teaching endowments. The chamber will be used to supplement the work in the Hearing and Speech Center and as an adjunct to the college physics department.

Representatives of the Alexander Graham Bell Association for the Deaf, the American Instructors of the Deaf, and the Conference of Executives of American Schools for the Deaf met in Washington, D.C. on January 20, 1960, to discuss areas of cooperation among the organizations and the mechanics of making such cooperation possible. Possible areas of cooperation that were identified included standards for publications, legislation, meetings, liaison with peripheral groups, teacher certification, and public information. The representatives agreed unanimously to propose the formation of a council of the three groups whose primary concern is the education of the deaf. Membership will be confined to these three groups. The name proposed for the organization is Council on Education of the Deaf.

Organizational

Officers of the Connecticut Speech and Hearing Association for 1959-60 are: Dennis Ellsworth, President; Robert F. Hejna, Vice-President; Dorothy Millward, Secretary; and Edmund McLaughlin, Treasurer.

The Chicago Speech Therapy and Audiology Society has announced a series of seven meetings for the 1959-60 academic year. Remaining meetings will feature on April 20, John O'Neil, Ph.D., "Recent Developments in Audiology"; and on May 18, Harold Westlake, Ph.D., "A Review of New Developments in the Treatment of Cerebral Palsy."

The Comparative Education Society and the Commission on International Education of Phi Delta Kappa announce a seminar and field study, "The Big Reform in Soviet Education," from August 14 to September 17, 1960. This is not merely a tour, but a firsthand study of soviet education. Opportunities to visit classes will be provided. A similar study project was conducted in 1958. Participants must be engaged in college teaching or educational work of an international character. Further details may be obtained from Dr. Gerald H. Read, Secretary-Treasurer, C.E.S., Kent State University, Kent, Ohio.

James L. Flanagan, chairman of the Technical Committee on Speech Communication, announced that specialized post-graduate training and research facilities in the field of speech communication are being offered by The Speech Transmission Laboratory of the Royal Institute of Technology, Stockholm, Sweden. This is part of a fellowship program for specialized post-graduate training which is financed in part by the Organization of European Economical Cooperation. Applicants for grants may receive information regarding requirements from Dr. Gunmar Fant, Speech Transmission Laboratory, Royal Institute of Technology, Stockholm 70, Sweden.

Each member of the Council of National Organizations on Children and Youth of the Golden Anniversary White House Conference on Children and Youth, has received a copy of a bibliographic survey of current literature in which books are discussed as they pertain to the conference theme. The survey, *The Opportunities That Books Offer*, was prepared by D. M. Broderick, for the Children's Book Council, 175 Fifth Avenue, New York 10, New York. Reprints available at cost.

The World Union of Organizations for the Safeguard of Youth will hold its first international congress in Rome on April 19-25, 1960. The Union is concerned with programs for all kinds of exceptional children, including the handicapped, emotionally disturbed, retarded, and delinquent. The theme of the conference will be: "Teamwork in the solution of technical and administrative problems in programs for maladapted children and youth." For further information about the congress, write the Secretary General, U.M.O.S.E.A., 28 Place Saint-Georges, Paris 9^{ème}, France.

Personals

Mrs. Pearle R. Ramos has been appointed Supervisor of Speech and Hearing in the North Carolina Department of Public Instruction. Mrs. Ramos received her M.A. from the University of North Carolina and Northwestern University.

Frank Garfunkel, Research Associate at Purdue University, is assisting in the two-year ASHA-Purdue Nationwide study of public school speech and hearing therapy programs, which is also sponsored by the U.S. Office of Education.

James C. Teegarden, Ph.D., has recently been appointed Assistant Director of the American Hearing Society. Crayton Walker, Executive Director, announced the effective date of this appointment as February 15, 1960. Dr. Teegarden had been with the Veterans Administration Audiology and Speech Pathology Clinic in Washington, D.C. He received his undergraduate training in speech and hearing at Indiana University, Bloomington, Indiana, the M.A. degree in Audiology at the University of Maryland, College Park, Maryland, and the doctoral degree in Speech Pathology at Purdue University, Lafayette, Indiana. His previous experience has included that of supervising clinical audiology and speech pathology services with the Veteran's Administration in Little Rock, Arkansas and Washington, D.C. Too, he has been an instructor on the speech department staff of the University of Maryland, Purdue University, and George Washington University.

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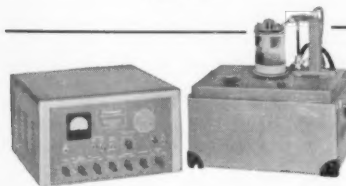
DISPLAY #2

(Section) Intensity vs Frequency at any 6 times in recorded 2.4 second interval. Makes up to 6 separate sections on one sheet or 300 on 50 sheets of any recorded sample. Plot linear with respect to frequency and intensity (db). Intensity range 35 db. Min. separation between sections, 8 millisecond using sectioner micrometer plate.

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SPECIFICATIONS

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|-------------|-----------------------|---------|-----------------------------|
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| 5-500 cps | 2 cps | 20 cps | 20.0 secs. |
| 15-1500 cps | 6 cps | 60 cps | 6.6 secs. |
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Frequency Calibration: Markers at 30 cps or 240 cps intervals may be recorded on analysis paper.

Record-Reproduce Amplifier Characteristics: Frequency response switchable to provide flat (or for transducer usage) 44 or 60 db falling characteristic.
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Input Signal Sensitivity: Approx. 3 mv rms for full scale operation.

VISUAL RECORDS

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DISPLAY #2

(Section) Intensity vs Frequency at any 6 times in recorded 2.4 sec. interval. Makes up to 6 separate sections on one sheet or 300 on 50 sheets of recorded sample using sectioner micrometer plate. Dynamic Ranges: linear scale—10:1; logarithmic scale—35 db.

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(with Amplitude Display Unit) Average Amplitude vs Time. Amplitude scale logarithmic over 24 db and 34 db ranges.

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Forum

CALIBRATION

I was a bit concerned by the letter from Dr. Otto Menzel in the *Forum* of December 1959 in which he suggests that adoption of the proposed new audiometric standard reference level is going to make the maintenance of audiometer calibration easier. The implication is that when we change the reference zero, the "real-ear" techniques will somehow become more valid, thereby eliminating the need for frequent instrumental recalibration using a standard condenser microphone and 6-cc coupler. This implication is inviting, but, alas, incorrect: the validity of "real-ear" techniques is in no way related to the arbitrary zero used.

Dr. Menzel correctly states that "every clinic, school or physician using this method is, in effect, making up his own standard." Unfortunately, this is just as true when the audiometric zero is near the median of young healthy people as when it is 10 db higher (or, for that matter, lower). Adoption of the new standard will affect real-ear calibrations in only one way: if the audiometrist has been both very careful and extremely lucky in his selection of "normal hearing subjects," then the median threshold obtained—when the audiometer is in calibration—will be nearly "0" instead of the "-10" one obtains at present. But a deviation from this expected value can still mean either that the calibration is incorrect, or that the real ears were not so normal after all.

I hope that Dr. Menzel's letter does not persuade anyone to forego frequent recalibration of his audiometer in case the new standard is adopted. I realize the drawbacks of factory recalibration and the expense of developing one's own calibration system. For this reason, real-ear calibration techniques are of real value in determining gross changes in the acoustic output of audiometers, and their use should be continued. However, it is important that we realize that they are an adjunct to, not a substitute for, instrumental recalibration.

Finally I must also take a firm stand opposing his suggestion that audiometers be equipped with trimmer resistors so that adjustments can be made locally—by the person running the real-ear calibration, presumably. One of the major activities of the Subcommittee on Noise is the analysis and comparison of audiometric data from many diverse sources. Audiometer calibration is of course one of our worst headaches; we go to great lengths to determine as best we can what the calibration was on the audiometers concerned, during the time the data in question were being gathered. Picture, if you will, every audiometrist adjusting his audiometer every week or two on the basis of a few audiograms from "normal" observers. While the stability of most audiometers leaves something to be desired, at least they do not bob around like a will-o'-the-wisp as a function of different groups of criterion "normals," differences in audiometric technique, and changes in the ambient

noise in the test environment (to name only a few variables) as would be the case if an audiometer were made adjustable. So, despite the fact that I personally would like these trimmers when I recalibrate the audiometers instrumentally, I urge manufacturers to continue to make adjustments as difficult as they are now.

W. Dixon Ward, *Research Associate*
Subcommittee on Noise
Los Angeles, California

Editor's Note: Dr. Menzel was invited to reply.

I cannot help but agree that real-ear calibration is not equivalent to artificial ear calibration in any strict sense. Moreover, it is undoubtedly true that instrumental procedures are more precise.

It must be kept in mind, however, that the vast majority of audiometers are used purely for clinical and not for research audiometry. Unfortunately, the sources of error in clinical pure tone audiometry are very numerous and faulty calibration is only one of many. It is my contention that the loss of precision resulting from the use of real-ear calibration as compared to artificial ear calibration will result in errors far smaller than errors that result from faulty testing technique, ambient noise levels, etc.

It should also be pointed out that any calibration method is no better than the person doing the calibrating. Naturally, we must assume that an audiologist calibrating his equipment by real-ear procedures is sufficiently familiar with audiometric techniques, good sampling techniques, and control of ambient noise to obtain scores that are both reliable and valid.

As to the effect of the new standard on the "validity" of real-ear techniques, this is the very crux of the whole matter. The proposed change in standard is to a large extent the result of efforts to obtain a more "valid" and less "arbitrary" standard than the present one. It follows that if the standard is closer to what real ears can do, then a real-ear calibration technique (which Dr. Ward admits will come closer to zero than to -10) is necessarily more valid.

In regard to the use of trimmer resistors, I join heartily in Dr. Ward's condemnation of "will-o'-the-wisp" audiometry. However, no such application was implied. My meaning was rather that *internal* trimmers would make the job of the electronic technician a great deal easier in making *necessary* and *legitimate* calibration adjustments. I do not believe that the use of such trimmers would encourage anyone to adjust his audiometer "every week or two on the basis of a few audiograms."

Otto J. Menzel
University of Miami
School of Medicine
Division of Otolaryngology
Director of Audiology Clinic

Editor's Note: Please indicate approval of publication for your letter or specific parts thereof when submitting material to *FORUM*. Contributions to *FORUM* should be addressed to:

Walter W. Amster
Rehabilitation Center for
Crippled Children and Adults
1475 N.W. 14th Avenue
Miami, Florida

ELECTION OF OFFICERS

I should like to make a suggestion concerning election of officers in ASHA. I believe that the members of our organization could vote more intelligently if the ballots were accompanied

by a biographical sketch of each candidate for office. This sketch could include such information as: number of publications, area of specialization, previous offices held, areas of interest (e.g., stuttering, speech science, research in therapeutic techniques, etc.)

I find that I must exclude many candidates for office from consideration because I know little or nothing about them and I would assume that many of our members have this same experience. In doing so, we are perhaps excluding from consideration, persons who deserve to be seriously considered for the office in question.

Audrey N. Heller
Grand Forks,
North Dakota

MEMBERSHIP FEES FOR GRADUATE STUDENTS

The current regulations concerning the reduced membership fee in ASHA for graduate students would appear to be in need of revision. The stipulation is that a graduate student must be enrolled for seven or more credits to be eligible for the reduced fee. Presumably the reduced fee is designed as a financial aid to those graduate students who might be financially pressed while pursuing graduate degrees. However, it is difficult to see why a credit regulation exists in this regard. I assume it is a safeguard against those who might be employed on a full-time basis while working toward a degree on a part-time basis. This discriminates, however, against those who are carrying reduced course-loads while writing a dissertation or thesis or holding a graduate assistantship and who are not otherwise employed. I fail to see why a graduate student carrying only three or six credits, for example, may not also qualify for reduced membership fee if they are not otherwise gainfully employed. As long as the certifying institution must write on the student's behalf in any event, could we not merely specify those who financially should qualify for reduced fees, regardless of the number of credits for which they were enrolled? This would automatically exclude those who were holding full-time positions in addition to their graduate study.

I hope some action may be taken regarding this matter.

Robert F. Hejna,
Director, Speech & Hearing
Clinic
University of Connecticut
Storrs, Connecticut

FAVORABLE COMMENT

As a way-out-west subscriber to *Asha* I commend you and your staff on a particularly fine November Issue. The abstracts of the 35th Annual Convention and the exceptionally detailed coverage of activities which your publication is offering is indeed gratifying. I shall continue to sing your praises and look forward to each issue of *Asha* with enthusiasm and gratitude.

Sister M. Paul Francis
Director of Speech Center
College of the Holy Names
Oakland, California

I would like to extend my congratulations on your wonderful new journal. It is extremely informative and most enjoyable. The field of speech and hearing has certainly needed a publication of this type for a long time. Also of interest to me is the *Forum* Department of your new journal, and I am looking forward to this section. Again, my sincere best wishes for a long publication of the journal.

Kathryn Elies
San Francisco,
California

SALARY SCALES

A regrettable situation has existed since the initial publication of our Employment Bulletin (now *Trends*). Numerous position vacancy listings crowd *Trend's* pages (so far, so good) but with salary scales so low (e.g., speech therapist, M.A., 1 year experience, \$4200, 12 mos.) that they would be accepted by no one with a modicum of self respect.

It seems hardly believable, for example, that an employer should anticipate securing a professional worker with advanced graduate training at a salary below that of a bus driver. Such uninformed expectations represent a responsibility that is in part ours.

If it is impossible to refrain from publishing listings on the basis of inadequate salary, perhaps it might at least be feasible to send prospective employers who seek listings in *Trends*, especially those not themselves members of our profession (e.g., medical directors, school superintendents, etc.) suggested salary ranges graded in terms of academic and professional experience or certification. As things stand now, the listings with grossly inadequate salaries are not only (a) uncomplimentary to our profession; but (b) most discouraging to students and others seeking to enter our profession.

These words are said with an awareness that salaries in our profession are not nearly so distressful as might be inferred from reading *Trends*; employers offering responsible positions with commensurate salaries have a lessened need to advertise widely.

Eric K. Sander
Cleveland Hearing and Speech
Center
Western Reserve University
Cleveland, Ohio

AMERICAN BOARDS OF EXAMINERS IN SPEECH PATHOLOGY AND AUDIOLOGY

I am sorry to find among the ballots one requesting that I vote for "Trustees for the American Boards of Examiners in Speech Pathology and Audiology." If the members of the American Speech and Hearing Association feel the need for Board Examinations for future membership, then the organization seems to have little faith in the institutions training Speech and Hearing Therapists.

Some years ago the medical profession, to save its name and prevent individuals with insufficient training from practicing instituted such a procedure. From knowledge gained during my several medical affiliations, and my training in the years since, I have found the medical profession building within itself a serious shortage of "board members" which greatly hampers institutions of all sizes. Board members have taken matters into their own hands, and many doctors are denied their right to specialization because of petty politics. I should not like to see a situation like that develop within the American Speech and Hearing Association.

Jon M. Fitch
Speech and Hearing Therapist
Williamsburg, Massachusetts

PROBLEMS OF RELATIONSHIPS

The article in the December Issue of *Asha* "Some Problems of Relationship Between Speech and Hearing Specialists and Those in the Medical Profession," by Dr. Lillywhite and Dr. Sleeter, is a provocative one and very important to consider at this time in our professional growth.

I should like to ask three questions of Dr. Lillywhite and Dr. Sleeter:

1. Drs. Lillywhite and Sleeter, all this is fine if you're a Ph.D. in a clinic. But most of us are ordinary clinicians with a bachelor's degree, possibly a master's, and with full or pending certification in ASHA. Maybe we shouldn't try to treat more serious cases, but if we don't they may go untreated. Can we, too, talk to the MD as equals?
2. You mention a careful and adequate speech examination to be reported to the physician. What should the "ordinary clinician" described above be equipped to do along these lines?
3. Can you define for us which patients can safely be taken for treatment without a doctor's report and which should have one?

Margaret Wheaton
727 Richards Road
Toledo 7, Ohio

CONVENTION COMMENT

With those speech and hearing people attending a Convention for the first time, a comment frequently heard was one of surprise and pleasure at the number and variety of meeting's scheduled and topics covered. That most, if not all, of the different interest groups were included, is a tribute to the scheduling committee.

To those of us who are "old timers" in regard to Conventions, the major difference between this year's meeting and those in the past has been the addition of an extra day to the traditional three day conference. This has served, not only to increase the number of meetings which might be presented, but also, I think, to give a less rushed, less pressured feeling to the entire Convention.

A second favorable inclusion in the program was the all-Convention meeting. This is a feature which should be perpetrated in future Conventions, particularly in regard to the discussion of current issues facing the association as a whole.

The invitations extended to members of other professions to present papers, while it has been a feature of other Conventions, is something else which should be continued and expanded in future Conventions, despite the fact (or perhaps because of) that some minor explosions may result there from!

On the debit side of the ledger I would mention the question of having the meetings in two hotels. The size of the rapidly expanding membership may warrant this, but it would seem that some method might better be found to incorporate everything relating to the Convention under one roof, particularly if it is going to continue to be held in the month of November!

Janice R. Heller
Washington, D. C.

MARK MARQUETTE WELL!

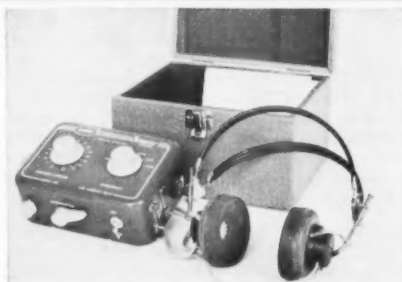
Letter to Executive Secretary:

In response to your letter of September 18, 1959, encouraging our undergraduates to become associates in the American Speech and Hearing Association, we hasten to inform you that our senior class has traditionally joined 100% in January of its graduating year.

I read your letter to our seniors, and shall forward any applications and dues our office receives.

We feel that our students must "grow into" our profession and the American Speech and Hearing Association while at Marquette University.

Alfred J. Sokolnicki, Director
Marquette University School of Speech
Speech Therapy Curriculum



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The new Ambco FULLY TRANSISTORIZED Diagnostic Audiometer. Performs Air Conduction, Bone Conduction, Masking, Group, Metered Live-Voice Speech testing. Patented features include silent tone switch (Photrol) . . . not a mechanical switch, fully electronic. Also an electronic automatic pulse. Modular construction with entire circuitry sealed in plug-in units . . . replacement of any module calibration remains within tolerance. Exceeds all appropriate specifications of the American Standards Association.

The popular Ambco OTOMETER, portable Screening Audiometer. Thousands in daily use. For fast, very accurate testing. Least expensive and lightest weight . . . exceeds specifications of American Standards Association. Battery powered . . . gives freedom from AC requirements. Less than 3 lbs. weight. Built-in meter calibrates battery voltages.



MODEL 1150-D

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2. MOBILITY—Unlike previous training aids, this new Beltone unit is NOT connected to anything. There is nothing to plug in and unplug. The pupil wears the entire hearing instrument on his head, so that when he goes to the blackboard or to another room he hears just as well as when seated at a desk.

Further, this new Beltone instrument does *not* require that the teacher speak into a microphone mounted on a desk. Instead, the teacher can move about at will and the receivers on the pupils' hearing aids will pick up the voice.

The price of Beltone's binaural training aid is \$249.50, which includes 2 training aids with adjustable headbands, 2 cords, 2 receivers, and 2 batteries. For complete factual information, simply mail us the coupon for a free, fully illustrated brochure. No obligation.

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